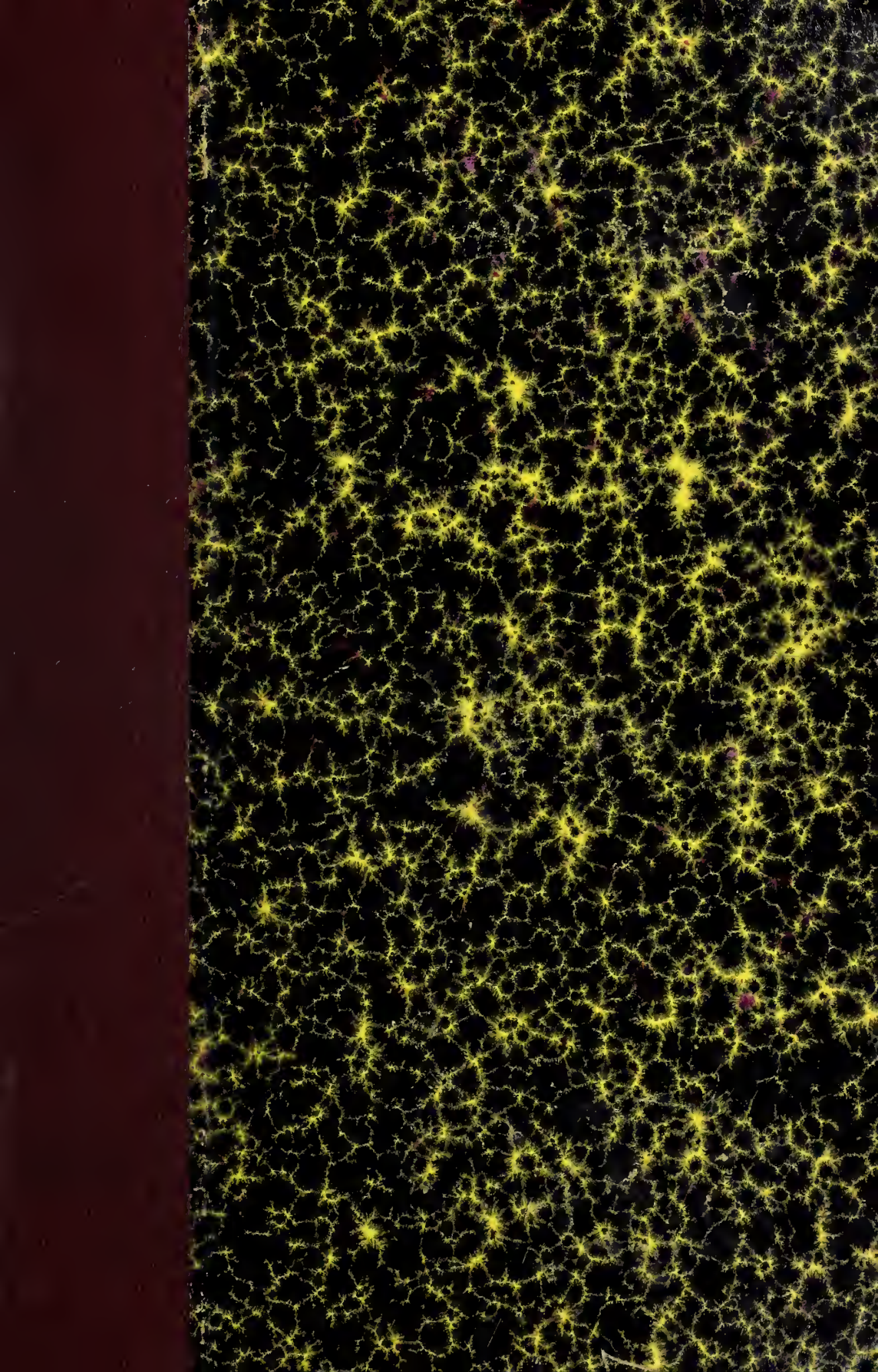

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THE NATIONAL

ECLECTIC MEDICAL ASSOCIATION

QUARTERLY

EDITED BY

WILLIAM NELSON MUNDY, M.D.

A JOURNAL OF ECLECTIC MEDICINE AND SURGERY

Comprising the Proceedings, Papers and Discussions of the Association, and Published in the Interest of the Eclectic School of Medicine.

Volume XII—1921

(Pages 363-696)

Published by the Association,
630 W. Sixth Street, Cincinnati, O.

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HARVEY WICKES FELTER, M.D.
President-elect National Eclectic Medical Association.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

Vol. XII. SEPTEMBER, 1920. No. 1.

HARVEY WICKES FELTER, M.D.

Harvey Wickes Felter, M.D., was born at Rensselaerville, Albany County, New York, June 15, 1865, a son of Andrew Jay and Elizabeth (Nichols) Felter. His paternal ancestry is of French and Dutch descent, tracing their genealogy back to the French Huguenots, who took refuge in Holland to escape the persecutions of the zealot Catherine de Medici and her Catholic adherents. Beyond this the family may be traced back to its origin in the fertile plains of Languedoc. In this genealogical descent occurs one of those transitions or transmutations of names not uncommon in the world's history. The family name was originally Deschamps (pronounced De Shong), and Eustace Deschamps, the first French poet of note, was one of its earliest members. The name Deschamps signifies "out of the field"; in other words a farmer, undoubtedly the occupation of the original progenitor. When the flight into Holland took place safety demanded a change of name. Keeping in mind the original meaning, the Holland Dutch equivalent, Van de Velde, was taken. By gradual contraction, errors of clerks of church and courts, who wrote names as phonetically sounded to them, it became gradually reduced to Velde, Velden, Felden, Felter. It must be remembered that in the years mentioned few persons could write their own name, so such mistakes and transmutations readily passed down with the years. Thus the names Deschamps and Van de Velder (which included the two celebrated Dutch marine artists) passed into America under the name Felter. The maternal ancestors of Dr. Felter were of English extraction. The paternal ancestors at an early date emigrated to America and settled in the picturesque valley of the Hudson, and these were among the founders of the village of Saugerties in the State of New York.

Dr. Felter was born at the foot of the Catskills. His mother dying when he was but eight years old, he met with varying fortune. His early education, fitfully and sporadically acquired, was obtained in the public schools of Troy, Lansingburgh and Green Island, and the Groveside country district school at Pittstown, N. Y. When seventeen he obtained a teacher's certificate and taught in the "red school house" for three successive winters at Potter's Hill, East Pittstown, and Groveside

district schools. During the balance of the year he labored at the ancestral task of farming.

Subsequently he attended the Lansingburgh Academy, at Lansingburgh, N. Y. In 1883 he began the study of medicine and surgery, pursued at intervals, under Dr. Alexander B. Willis, of Johnsonville, N. Y., an old-school physician of prominence and liberal views. The choice rested between medicine and the law, the latter having been studied for a period under the instruction of a learned village squire. Looking with disfavor upon the Allopathic, as the regular branch of the profession was then known, he decided upon the Eclectic system of practice; and though bitterly opposed by friends who honestly believed the choice to be suicidal to professional preferment, he entered the Eclectic Medical Institute of Cincinnati in 1886, and graduated June 5, 1888, at the head of a class of sixty-two members. He then located at Troy, N. Y., for the practice of his profession. After a year he returned to Cincinnati, where he has since resided and followed his calling.

Dr. Felter was married January 1, 1890, to Miss Martha Reyburn Caldwell, a descendant of John Caldwell Calhoun and the Caldwells of the Carolinas. They have two children, Dorah Helen, born October 23, 1893, wife of Capt. Paul Williamson Elmore, A. E. F., of late in service in France and the Rhine district, and Lloyd King, born July 9, 1896, a medical student in the last year of college preparation.

Dr. Felter has been secretary and president of the Cincinnati Eclectic Medical Society, is a member of the National Eclectic Medical Association, of which he was elected president at Atlanta, Ga., in 1920, and of the Ohio State Eclectic Medical Association, of which he has been secretary, vice-president and, in 1898-99, president.

Being appointed to the teaching faculty of the Eclectic Medical Institute, he was chosen Demonstrator of Anatomy to succeed Dr. Eli McPheran in April, 1891, and Quiz-master in Chemistry under John Uri Lloyd in 1895. In addition he became Demonstrator of Chemistry in 1898. In 1897 he was made Adjunct Professor of Chemistry, delivering the lectures upon chemistry and toxicology while Professor Lloyd assumed the lectures on pharmacy. The death of Professor Howe, in 1892, necessitated a temporary rearrangement of the faculty and Dr. Felter filled the chair of Professor of Anatomy for the half-term. In 1899 he was reappointed to the chair of Anatomy, carrying both it and Chemistry and Pharmacy for several years. For the last decade he has filled the position of Professor of Materia Medica and Therapeutics and Medical History—a chair he still occupies.

In 1895 Dr. Felter collated and edited, with large additions, the lectures on materia medica delivered before the classes by Professor F. J. Locke and published the work as "Locke's Syllabus of Eclectic Materia Medica." In 1900 he brought out a second edition, to which he added a number of articles. The work is now out of print. In 1898 he completed

the large two-volume edition of the American Dispensatory, making a complete revision of the older work of King and the supplement by Lloyd. In this work he labored in conjunction with Professor John Uri Lloyd, the issue being familiar as the Felter-Lloyd American Dispensatory. He is also the author of the historical and biographical section of the "History of the Eclectic Medical Institute," Dr. John K. Scudder furnishing the complete list of graduates; and of the biographies of King, Howe and Scudder, with selections and editorial notes, now issued as Bulletin No. 19 of the Lloyd Library. Dr. Felter has contributed many papers and editorials to journals and societies, edited the Eclectic Medical Gleaner for eight years, and for several years has edited the Eclectic Medical Journal.

Engaged in general practice, Dr. Felter finds recreation in the study of plant life—particularly plants used as medicines—and is interested in the movement to stay the destruction of wild flowers—a species of vandalism that must be checked lest nature's flora be lost to us altogether. For these purposes he has planted and maintains quite an extensive woodland botanical garden, enriched by species gathered on trips and those donated by interested friends. The history of medicine and medicines is a topic that has long engaged his attention, and much research work in this line has been published from his pen. Both general history and medical history and biography are favorite recreative fields, and he has collected a large number of papers, brochures, rare portraits, etc., and deposited them in the Lloyd Library under the title "Eclecticana," there to be available to the future historians of Eclecticism. He now has ready for the press a new work, "The Eclectic Materia Medica and Therapeutics."

NATIONAL ECLECTIC MEDICAL ASSOCIATION FIFTIETH SESSION

ATLANTA, GEORGIA, JUNE 15-18, 1920.

The Fiftieth Annual Session of the National Eclectic Medical Association was held at the Hotel Kimball, Atlanta, Ga., June 15-18, 1920, the first session being called to order on June 15 at 10:25 a. m. by the President, Dr. O. S. Coffin, of Indianapolis, Ind.

THE PRESIDENT: *Ladies and Gentlemen:* We are now assembled for the purpose of opening the Fiftieth Convention of the National Eclectic Medical Association. No man or body of men should ever enter upon any great undertaking without first invoking the blessing of the Deity. We will therefore rise and be led in prayer by Reverend Mr. Johnson.

DEAN JOHNSON (St. Philip's Cathedral, Atlanta): Our Father and our God, we give Thee great thanks that the enlightened minds of the world are everywhere bringing their tributes to Thee as the Author of Light and life

and love. We thank Thee that ever since the day when wise men brought gifts to a cradle wise men have still been bringing their gifts to Thee, and so before we make a single petition today we give Thee the deep gratitude of our hearts.

And now we would ask Thy blessing upon the efforts made by the men who are meeting here today. Thy Son was the Good Physician; Saint Luke was the beloved physician, and we realize that the doctor at the bedside is just as great in the eyes of Heaven as the minister at the altar. We thank Thee that the promise has been almost fulfilled, "Verily, verily, I say unto you, he that believeth on me, the works that I do shall he do also; and greater works than these shall he do; because I go to my Father." And while no claim is made that the dead can be raised, surely these servants of Thine can justly claim that they have pushed back the horizon line of life and have kept death from coming close on many, many occasions. Consecrate their efforts in the upbuilding of truth to the success of each individual man in his life. The promise of old was that the Holy Spirit should come upon the people, "And ye shall receive power, after that the Holy Ghost is come upon you." Oh, grant that Heaven's dynamic may always abide with those who are endeavoring to do the best for their fellows.

We ask for our land that blessing which it needs. Surely the day has come in the eyes of Heaven, if not in other eyes, when all prejudice and malice should be swept from off this earth. We ask that Thou wilt raise up strong men, sensible men who will guide us aright, that a great brotherhood may be realized here as never before.

Grant that the Holy Spirit may in all things direct and rule our hearts, through Jesus Christ our Lord, Amen.

Roll-call of officers by the Secretary, Dr. W. N. Mundy.

THE PRESIDENT: We have present a sufficient number to constitute a quorum, and I now declare this convention open for the transaction of such business as may regularly come before it under the constitution and by-laws of this Association. The first number on the program will be an address of welcome by the Mayor, James L. Key.

ADDRESS OF WELCOME.

JAMES L. KEY, MAYOR OF ATLANTA.

Mr. President and Members of the Association, Ladies and Gentlemen:

It has fallen to my lot in my present position to make a great many addresses of welcome, and sometimes I feel somewhat at home on these occasions; other times I feel myself slipping a little bit because I am not sure that I grasp the situation fully and do not feel exactly able to rise to the importance of the occasion. I am afraid this is one of those times. Dr. Samuel Greene, our red-headed doctor, was to be here this morning, but he had to be away, which he very much regretted, as he had been looking forward to this occasion. He came a few days ago and asked me to come down

and make about a five-minute talk to welcome this convention. I told him I did not know what I was going to do with that much time. I felt very much like the fellow who was waited on by a vigilance committee in a town where he had been carrying on some very unpopular propaganda. He was notified by the chairman of the committee that he would be given ten minutes to leave town. The man said nothing, and finally the chairman said, "What are you thinking about?" The man replied, "I'm just wondering what I'm going to do with so much time."

Really I should feel at home in a doctors' convention. My father was a doctor. That may account for some of my timidity as well as for my feeling at home. My father, theoretically, belonged to the Allopathic school; practically, he belonged to the Eclectic school, for the reason that being a country doctor he prescribed nothing but what he had in stock, and I believe that is one of the principles of Eclecticism. I notice that all these doctors, whatever may be the school in which they start out, finally gravitate to about the same point. There is not much difference in them after they have been practicing a few years. I have observed in the case of my father that the older he grew and the more experience he had the less opinionated he was about medicine, and I am not sure but what that belongs to a greater or less degree to all schools of medicine. The Eclectic school of medicine, however, is entitled to one very great credit, which I gladly give them. Doctors are the most jealous people on earth; they are worse than musicians—and when you have said that you have gone about the limit. They are worse than preachers, and they are mighty bad. But the Eclectic school of medicine destroyed the empiricism of the old school, absolutely destroyed it. I recall as a boy some of the old methods that were used by the old school of medicine. I remember myself when they used to bleed men like they did horses. I have seen that often and a great many other things like it. Your school destroyed much of that, and you are entitled to the credit for it.

There is one thing that tends to draw the doctors of the country together, whatever their school of medicine, and that is that from my observation and experience there does not seem to be much variation in the size of the bill. They all manage to get together when it comes to that point.

The doctor is always an influential citizen, and he is a first-class politician. One of your charming doctors helped us to put across the matter of woman's suffrage in Atlanta a few evenings ago, and she did it splendidly. Speaking of women, I want to pay another tribute to the Eclectic school of medicine. It was the first school of medicine to recognize the women. (Applause) They have been at least willing to learn, and that is more than can be said of all of them. While I am on the subject I want to state that the world is coming rapidly to that idea everywhere. Just a few days ago the University of Georgia, one of the old, reactionary institutions of the country, opened its doors for the first time to women. (Applause.) The University of Virginia, one of the most conservative institutions in the country, has opened its doors to women within the last few days, and the University of Oxford, England, conservative of conservatives, has opened its doors to women. We

have had a fetish down here in this country about that. We have a kind of sentiment, a notion that woman's place was in the home. Men have gone around and talked who did not do anything to provide that home for women. Talk about woman's place in the home—and they get out; you see them by the tens of thousands, making their way in the world and mixing and mingling with men and competing with men. The woman is coming to her place, and I give you gentlemen credit for the fact that you were the first to give her a place up alongside of you. (Applause.)

I am very glad that you came down here to Atlanta. We are very proud of our city. There are other great cities in the country, but when you consider what this town has been through and the tremendously raipd strides it has made, if you could feel the intrepid, indomitable spirit of the people who have made this town, it would even commend itself more to you. I hope you will have a pleasant stay here. You have struck us during a warm spell, extremely warm for this town; but I have this to say about it, that warm as you find it here, you would find it hotter almost any place else in the country right now. I notice in the West some of the schools have closed on account of the hot weather. You will find some things that are not agreeable, but I hope you will find many that are. You will find a good many things that you want, and when you see anything you want, take it; and if you do not see what you want, ask for it—you may get it or you may not, I don't know. They tell me you can.

The main thing we wish for the people who come to visit us is that they may be happy. We want you to have a real happy visit here; we want you to know our people and love them. We are a broader people than we used to be, a broader people than some folks think we are. There is not a city on the face of the earth that has more genuine Americanism than this little city that I have the honor to represent before you this morning. (Applause.) It is not more than a generation ago when people were fighting all around this place; there were breastworks everywhere around the town. But that is all gone, nothing but a memory, a tender, precious memory; but just a memory, not a scar, not a touch of bitterness. There are no people who respond more quickly to love for country and to fealty for the flag than these people right here—the flag with its stars that redeem the night from gloom and darkness; its red taken from the glint of the morning sun that brings joy and gladness to the world; its blue from the azure depths of the vaulted heavens, and its white from the light that beats around the throne of God itself. That is the kind of people we are, that is the kind of city we have, and we give you a most gracious greeting and cordial welcome to our midst. (Applause.)

THE PRESIDENT: *Gentlemen and Ladies:* Your mayor has certainly given us a very warm, cordial welcome. It makes one feel that he would like to come here to live. We are certainly very glad to be here. We will now listen to an address of welcome from the president of the Georgia State Society.

ADDRESS OF WELCOME.

R. M. Moore, Waleska, Ga.
President of the Georgia Eclectic Medical Society.

Mr. President, Ladies and Gentlemen: I have the honor, in behalf of the Georgia Eclectic Medical Society, to welcome you to our homes and hearts. I am no speaker or orator, and I never realized it more sensibly than I do now. I wish I had the command of language to make you believe right down in the depths of your hearts that you are welcome. I am glad the city has turned over the keys to you, and I will vouch for Governor Dorsey that he will protect you in any crimes you see fit to commit while you are here.

It is an honor to us and to the city of Atlanta to have this magnificent body of distinguished medical men as our guests. The founders of our system are here today. These men have helped to lay the foundations of applied science and they have proved beyond the shadow of a doubt its right to live on forever. These men are the strength and backbone of our profession. They have fought in the front ranks; they have been tried and found true; they have proved their faith by their works. They stand for American liberty and medical democracy.

As many have come from a distance it might be well to mention some things regarding our state. Georgia, the Empire State of the South, has a variety of climate—the mountains of North Georgia rise to such a height that they have very cold weather, then they slope down to the Atlantic Ocean, the land of tropical fruits. We have a variety of farm products, and in minerals Georgia is equal to any state in the Union, with her coal, iron, manganese, etc., and the biggest solid rock in the world is in Georgia. I refer to Stone Mountain. There is enough marble in Georgia to supply the demand of the United States for one hundred years, and her water power could generate enough electricity to furnish power for every factory in Georgia and light every home in the Southern States. Her agriculture is varied, her people enterprising. Everywhere they are simple hearted and give cordial recognition to strangers.

Mr. President, I do not exaggerate when I tell you of my happiness that this National body selected Atlanta for its place of meeting this year, and I voice the sentiments of every liberal-minded citizen of Georgia and the whole South. It is the second time that the National has met in Atlanta. I joined when you met here in 1886, and I have tried to live a consistent member ever since. Then we had many here who have since gone to their reward. Now we propose to give you a taste of southern hospitality at this golden anniversary, and we hope that when you meet with us again it will be in the not distant future. (Applause.)

The President: The persons who arranged this program made one grievous error. They have me down for a response to these addresses of welcome. I am a good listener, but a poor speaker, so I have invited one to speak in my place today for me and for the National Association, a man who

needs no introduction. You have seen him often before and have learned to love him. I refer to our good brother, Professor John Uri Lloyd. (Applause.)

RESPONSE TO ADDRESS OF WELCOME.

PROF. JOHN URI LLOYD.

Mr. Mayor, what I have to say to you, and I am going to speak to you personally, is entirely impromptu, but I think I voice the sentiments of every member of our society—I am sure I do—when I say that we heartily thank you for the kind manner in which you have received us, a minority section of medicine, the record of which is as you have said, the doing of good, the threshing out of wrong, the helping of humanity, kindness to the sick and justice to one and all. It does us good to comprehend the fact that the item you mentioned in your address, the bleeding (and the same can be said of salivation and blistering), things that your father learned as being essential to the practice of medicine, are no more in all this land. And you also comprehend—that because our fathers came advocating only kindness to the sick, they were ostracized the length and breadth of this land by good people who could not realize the fact that we asked no one to give up that which was less harmful than what we had to offer. As crusaders, as servants of the people, as men and women ostracized and ready to be ostracized by reason of being a minority, we served the best we knew how to help the people, and we see the fruit of it now. The name Eclectic, which was as a red flag in the face of many good men of the other schools who did not have opportunity to study our principles—that name Eclectic stands today, defined by the dictionary and encyclopedia exactly as it was then, and we are standing on the definition of the term Eclectic, wherever you may find it, just as we stood then.

You spoke, Mr. Mayor, of the fact that the Eclectic school of medicine was the first school to permit women to enter the college. I have the honor of being the last, last member of the old faculty of that college, my co-laborers two decades ago. As I stand here and speak to you it seems to me I can repeat the couplet I learned as a boy:

> "And, if I should live to be the last, last leaf on the tree
> in the spring,
> Let them laugh as I do now, at the old forsaken bough,
> where I cling.

And in looking back to the "old forsaken bough" I will say to you that I remember when women came into the Eclectic Medical Institute in Cincinnati it was an innovation in medical education, and now, behold, the whole country is recognizing the ability of the women, is recognizing the fact that they are a necessity where we have not given them a chance before. And if you will take the record of this last war and the work that women did there

as nurses, sacrificing their lives where men scarce dare venture, I say to you it must be a very stubborn man who will now say that women ought not to have a chance to vote. (Applause.) I might not say that if Mrs. Lloyd were present, for she believes their great opportunity lies at home, so I have taken advantage of her absence to express my opinions.

I came to Atlanta when there were forts and trenches in what is now within the settled part of the city. I tried to find them yesterday, but failed. When I was here before there were marks of war everywhere, but you could not judge Atlanta's future by that past. I venture to say to you that in my opinion Atlanta is the Los Angeles of the South, and when I say that, I speak of a city with which I am well acquainted and have been for several decades and comprehend what it has done in that time.

One feature of your address I would like to mention—your remarks regarding the flag. But you neglected to mention the flag of three stripes. I remember it well when I was here in the war, the flag of three stripes, and how the people of the South then loved that flag. They reverence it now! And why should they not? What would you think of a mother whose son went out, as the sons of Georgia went out, to fight for a principle (for that is what the South fought for, a principle), what would you think of a mother who would discard that son because the cause he died to save was lost! No, they must reverence that flag and fold it away, realizing the fact that it is better as it is. America is the mother, the states are children. America cherishes one and all. What would this land be with a line between the North and the South? Has not this last war supported the assertion I have made that the flag of three stripes has been laid tenderly away, and in its place we have a flag of many stripes, one flag that waves over all of the United States, and justly so.

Georgia is a great state, with its rivers and mountains and plains and all that is needed to make its future glorious. Georgia has been one of the states that has always had an Eclectic Medical Association and it has always done good work in the National. I can not go further without taking too much time, but I desire to say to you, Mr. Mayor, and to the President of the Georgia Society, that we people here today thank you for the address you have given us. I thank you, Mr. Mayor, for coming here and telling us what you *knew* about medicine, not what somebody has told you, thus giving me a text for these rambling remarks. I thank you. (Applause.)

THE PRESIDENT: The next will be the reading of the minutes of the previous meeting.

Moved by Dr. T. D. Adlerman that the minutes be approved as printed in the QUARTERLY. Motion seconded by Dr. W. P. Best and carried.

The roll-call of the House of Delegates showed a quorum present, and the President announced that the House would convene according to the constitution and by-laws.

The report of the Recording Secretary, Dr. H. H. Helbing, was then read and on motion referred to the House of Delegates.

Dr. Helbing then read the following report:

RECORDING SECRETARY'S REPORT.

As usual we have the complaint of state officers not co-operating with the National in the collection of dues. Not only do most State secretaries fail to dun their members for back dues, but they fail to respond to inquiries as to whether the National officers shall stir up the members. There are a few good State secretaries and we do not want them to apply the above words to themselves, but we do hope that those who are guilty will either wake up or resign and let some one who will take their office seriously acquire the position.

The subject of resultful letter-writing is one of great importance to the welfare of the National, as it is the only means of stirring up interest. It is useless to spend postage on letters that bring no results. I believe we can not be too careful in formulating our letters, and they should be designed so that a follow-up system can be employed. It is a recognized fact in business that where one or two letters may fail to bring the fullest results a three-letter system will acomplish much more, perhaps the third as much as the two previous letters. This subject, I believe, should be carefully considered by the Propaganda Committee.

If our results the past year were not all they should be, I believe the cause was lack of co-operation between the Propaganda Committee and the secretaries of the National. You will remember that an amendment to the constitution was adopted at our meeting in Detroit two years ago which says, "This committee shall select their own officers and shall do its work independently of the Executive Committee." I believe that instead there should be the closest co-operation between the Propaganda Committee and the secretaries of the National at least. I would like to see the Propaganda Committee headed by the Corresponding Secretary, who shall be its chairman, with three other members chosen according to their geographical location and their activity in organization work in their respective localities. In this way the secretaries will feel like doing organization work and will know just what work will be expected of them. I think there should not be duplication, as there is now. Then, too, I think the different members of the committee should submit letters to one another and select good points from each for drafting a letter to be sent out. I believe we waste a lot of postage by not systematizing our work in this way. If the Propaganda Committee is headed up by the Corresponding Secretary he will feel the responsibility of making good, whereas the way the committee now operates the blame may be placed on either the officers or the committee and we are not sure which is most to blame. Of course if you can outline the exact work the committee is to do and a different work for the secretaries to do and not overlap, then we might operate as it is; but both to try and work on the same material is to confuse and render one another's efforts ineffective.

I believe I can imagine the thoughts of one who has received a dunning letter from a member of the Propaganda Committe which tells him to send

in his dues either to the writer or the secretary of the National. The recipient lays the letter aside, may think of it again; when he does he forgets from whom he received the letter, does not remember the name of the secretary to whom he was to send his dues, and finally thinks, "Oh, well, guess may be they will write again, or I will find the letter in a few days when I will send it." Now if all letters sent out would contain at least one secretary's name on the letter-head and have all money sent to that one person, following up with at least three letters carefully worded, I believe we would get the maximum benefit from our work and expense.

I have sent out four letters to members the past year; the last two to members who were one year in arrears only. I thought we could more easily get back their back dues while one year in arrears and just before the State meetings in May. My first letter was sent April 10th, the second May 1st.

I do not wish to infer that in suggesting a change in our by-laws so as to create co-operation between the Executive Committee and Propaganda Committee that I am criticizing the members of the Propaganda Committee, for I do not. I think the personnel of the committee could not have been better; but I think they could have accomplished more had they the assistance of both secretaries.

During the past year we have supplied two sets of transactions to libraries at their request. One set to the State Library at Albany, N. Y., the other to the University of Wisconsin Library at Madison. This, to my mind, is encouraging in that we are being accorded recognition by educational institutions.

I take pleasure in making the following report of a compartive statement of receipts of dues the past two years which is significant of the work the Propaganda Committee has been doing:

Receipts from June 1, 1918, to May 31, 1919	$1,226.00
Receipts from May 28, 1919, to May 28, 1920	2,197.75
New members received at Chicago, 1919	79
Reinstatements received at Chicago, 1919	60
New members received prior to convening at Atlanta	75
Reinstatements received prior to convening at Atlanta	43

Taking the complete report and considering that the membership will be materially added to before this meeting adjourns, I think we may take courage and resolve to redouble our energies for a still better report next year. H. H. HELBING, *Recording Secretary.*

The report of the Corresponding Secretary, Dr. W. N. Mundy, was then read and referred to the House of Delegates.

REPORT OF CORRESPONDING SECRETARY.

FOREST, O., June 2, 1920.

To the National Eclectic Medical Association, Sirs:

I herein submit to you my eleventh annual report. It is not as good as

in former years, but the difference is due entirely to advances in price for paper and printing or labor as we will hereafter show.

The price of paper and labor is becoming a serious problem to every one and the ultimate result is hard to foretell.

We are still of the opinion that the officers of the Association ought to use the pages of the QUARTERLY to a greater extent than they do.

Its pages ought to reflect the opinions and work of the organization, and not those of the individual or editor.

The QUARTERLY is the property of the Association and as such should convey the desires and actions of that body. In other words, it ought to be the journal of the organization in reality as well as in name.

The account for the current year is as follows:

RECEIPTS

—1919—				
July	21	Subscription	$ 1.00	
Aug.	2	Subscription	1.00	
Aug.	26	H. A. Shafor, subscriptions for QUARTERLY	275.00	
Sept.	5	Advertising	170.00	
Sept.	5	Subscription	1.00	
Oct.	11	Subscription	1.00	
Nov.	20	H. A. Shafor, subscriptions for QUARTERLY	275.00	
Dec.	8	Advertising	162.29	
Dec.	30	Reprints	2.25	
—1920—				
Feb.	2	Advertising	217.29	
Feb.	28	H. A. Shafor, subscriptions for QUARTERLY	275.00	
Mch.	3	Journals	2.00	
Mch.	12	Journals	1.00	
June	1	Advertising	156.19	
June	1	H. A. Shafor, subscriptions for QUARTERLY	275.00	$1,816.01

EXPENDITURES

—1919—				
Sept.	5	Peerless Printing Co	$223.35	
Sept.	5	Wrapping, mailing, paper, etc	118.08	
Sept.	5	Editor's salary	75.00	
Dec.	8	Peerless Printing Co	233.00	
Dec.	8	Wrapping, mailing, paper, etc	99.96	
Dec.	8	Editor's salary	75.00	
—1920—				
Feb.	27	Peerless Printing Co	196.25	
Feb.	27	Wrapping, mailing, paper, etc	162.07	
Mch.	1	Editor's salary	75.00	
June	1	Peerless Printing Co	221.75	
June	1	Wrapping, mailing, paper, etc	114.28	
June	1	Editor's salary	75.00	

June	1	Stenographer	100.00
June	1	Express, postage, etc	15.23—$1,783.97
		Balance	$ 32.04

From the above itemized statement it will be noted that the amount received from advertising is slightly larger than last year, $28.91.

The amount paid for composition or printing is larger by $114.15.

For wrapping, postage, etc., practically the same; there is $1.29 difference.

For paper, wrappers, covers, etc., an increase of $94.97, making the net increase in cost of QUARTERLY $181.50 for past year.

The QUARTERLY thus cost us this year $1.12¼ per volume or 28c per copy, an increase of 6c per copy above last year.

The size is about the same. Volume X contained 366 pages; Volume XI, the present one, 362 pages.

Respectfully submitted,

W. N. MUNDY, *Editor.*

The following report from the Committee on Propaganda was then read and referred to the House of Delegates:

REPORT OF THE COMMITTEE ON PROPAGANDA.

INDIANAPOLIS, IND., June 15, 1920.

To the Officers and Members of the N. E. M. Association, Atlanta, Ga.:

As chairman of your Propaganda Committee I beg to report as follows:

RECEIPTS

Check from Dr. F. L. Wilmeth	$25.00
Check from Dr. E. G. Sharp	25.00
Check from Dr. T. D. Adlerman (contribution from unknown member)	4.00
Check from Dr. W. P. Collins	25.00
Check from Dr. W. P. Best	25.00—$104.00

DISBURSEMENTS

A. A. Letter Shop	$23.40
Bessie Tobin, stenographer	25.00
Blanche Gray, stenographer	10.00
Bessie Tobin, stenographer	50.00—$108.40

This work, to be carried on to the best advantage and least expense, must be in the hands of some one who will systematize the work, condense the material, and make every letter carry its full allowance of weight.

The collection of dues, unless it be from those long delinquent, should be replaced in the hands of the clerical officers where it belongs.

The letters of the clerical officers could be made to carry propaganda material all the time without much additional expense for printing and none for postage.

This year the Secretary has furnished the stamped stationery and it has been all used to the best possible advantage under the circumstances.

We have sent notices to delinquents and repeated them. Letters appealing to members and non-members have been sent systematically and in series, so as to do the most good. We have divided the territory and have endeavored to duplicate as little as possible.

The entire committee has co-operated, but we have to regret that Dr. Blankmeyer was the victim of the gulf tornado in which he lost almost all of the savings of a lifetime and was for a time unable to aid us, although he did some effective work late in the year.

We would further recommend that this committee co-operate with all the officials, yet not meddle in the particular work of any. This could be arranged to have co-operation without friction and save expense of duplication of effort.

We were handicapped in some of our work by lack of data, but better organization will in time eliminate the features of this character and experience will teach us to do better work. This committee can be made one of the greatest powers for good we possess if the means is provided and the necessary organization and effort can be had.

W. P. Best, *Chairman.*

The President appointed on the Credentials Committee Dan H. Griffith, Atlanta, Ga.; M. M. Harvill, Nashville, Tenn., and R. M. Moore, Waleska, Georgia.

(Adjournment until 2 o'clock p. m.)

Tuesday Afternoon Session.

The Tuesday afternoon session was called to order at 2:15 by the President, who announced a meeting of the House of Delegates at three o'clock, and then called for the Section on Practice.

SECTION ON PRACTICE.

Chairman.....J. H. Goss, M.D., Decatur, Ga.

Dr. R. L. Thomas, Cincinnati, read a paper entitled "Treatment of Influenza."

Dr. J. B. Alexander, Cincinnati, O., read a paper entitled "Treatment of Influenza and Pneumonia." Discussion participated in by Drs. Adlerman, Holman, Aurin, Saxton, Crowell, Matthews, Best, Coffin and Graves.

Dr. N. A. Graves, of Chicago, Ill., read a paper entitled "Pleurisy—Symptoms, Diagnosis and Treatment." Discussed by Drs. Mundy, Best and Hauck.

Dr. Wm. P. Best, Indianapolis, read a paper entitled "Gonorrhea in Women." Discussed by Drs. Saxton, of Tampa, Fla.; Aurin, of Ft. Ogden, Fla.; W. N. Holmes, of Nashville, Tenn.; J. W. Kannell, of Ft. Wayne, Ind.; B. E. Dawson, Kansas City, Mo., and H. E. Vitou, of South Bend, Ind.

Dr. E. G. Sharp, of Guthrie, Okla., read a paper entitled "The Modern Trend of Medical Practice." No discussion.

Dr. J. P. Harvill, Nashville, Tenn., read a paper entitled "Tonsillitis—Sequelae and Treatment." Discussed by Dr. R. L. Thomas, Cincinnati.

Dr. H. H. Helbing then read the following resolution, which was referred to the House of Delegates:

"Inasmuch as social diseases are so prevalent, far-reaching and injurious in their effects to the health and welfare of humanity; therefore

"Be It Resolved by this Association that we favor the passage of laws by our various state legislatures that will tend to check the spread of these diseases; that we favor laws compelling physicians to report their cases of venereal diseases to local health boards, as well as laws prohibiting the marriage of parties afflicted with venereal disease."

(Adjournment until 7:30 p. m.)

TUESDAY EVENING, JUNE 15—7:30 P. M.

Meeting called to order by the President, Dr. O. S. Coffin.

Dr. B. E. Dawson, of Kansas City, read a paper entitled "The Ego in Practice."

Dr. John B. Matthews, of Blue Mound, Ill., read a paper entitled "Smallpox."

The President delivered the annual address and Prof. J. U. Lloyd an address entitled "Some Fundamental Facts in Plant Chemistry."

(Adjournment until Wednesday morning.)

WEDNESDAY MORNING SESSION.

The Wednesday morning session was called to order at 8:45 by the President, who at once turned it over to Dr. E. B. Shewman, chairman of the Section on Surgery.

SECTION ON SURGERY.

Dr. J. Earl Holman, Indianapolis, read a paper entitled "The Treatment of Pus Appendix and Other Infected Wounds with Dichloramine-T in Chlorocosane Oil." Discussion participated in by Drs. H. H. Helbing, St. Louis, Mo.; J. H. Powell, Atlanta, Ga.; J. W. Kannel, Ft. Wayne, Ind., and E. B. Shewman, Cincinnati, O.

Dr. E. B. Shewman, Cincinnati, O., read a paper entitled "Cholecystectomy versus Cholecystotomy." Discussed by Drs. B. E. Dawson, Kansas City, Mo.; J. E. Holman, Indianapolis, Ind.; H. H. Helbing, St. Louis, Mo.; E. H. Stevenson, Little Rock, Ark.; E. C. Aurin, Ft. Ogden, Fla.; Wm. P. Best, Indianapolis, Ind.; J. W. Pruett, St. Louis, Mo.; J. A. McDonald, Century, Fla., and S. E. Vitou, North Bend, Ind.

Dr. B. E. Dawson, Kansas City, Mo., read a paper entitled "Prolapsus Recti." Discussed by Drs. E. H. Stevenson, Little Rock, Ark., and E. B. Shewman, Cincinnati, O.

Dr. D. E. Saxton, Tampa, Fla., spoke on "Some Odd Cases Among Negroes."

Dr. E. B. Shewman then presented a case report on left-handed appendicitis.

Following some announcements by Dr. Griffiths in regard to entertainment the convention adjourned until nine o'clock Thursday morning.

Thursday Morning Session.

The Thursday morning session was called to order at 9:40 by the President, Dr. H. S. Coffin.

The first matter taken up was that of subscriptions to the Propaganda Fund, Dr. E. H. Stevenson occupying the chair during that time. A report of the various subscriptions has been forwarded to the Propaganda Committee.

The report of the House of Delegates on the President's address was read, as follows:

Atlanta, Ga., June 17, 1920.

We, your committee to whom was referred the President's address, beg leave to submit the following report:

1. We recommend the item of an increased propaganda fund so that the work of this committee shall be unhampered and increased efficiency in the spread of Eclectic teaching secured through a few leading periodicals, from the secular press and such other agencies and methods as this committee deems best.

2. That state secretaries be urged to push the collection of dues from individual members of their respective state societies for both the State and National Associations in this important function, thereby relieving the Committee on Propaganda of any unnecessary work in this direction. After exhausting all their resources in collecting this fund we recommend that they invoke the assistance of the Propaganda Committee, which has amply proven its efficiency in this behalf in the past.

3. We heartily endorse the suggestion in the address to rehabilitate and reorganize the defunct colleges of our school as a most important and vital measure, and advise that radical steps be taken by the Council of Medical Education for this consummation, all assistance possible being rendered by the Committee on Propaganda, who may awaken all members and friends of Eclectic medicine to the threatening peril to our school and its teachings in the event of failure.

In the particular matter of the Georgia college we advise the appointment of a special committee from the states of Georgia, Florida and Tennessee, who shall at the earliest possible moment take up this matter thoroughly and take such steps as are warranted by the conditions and facts resulting from their investigation. We suggest that the House of Delegates nominate two suitable and efficient men from each of the three states named, to be approved by the National Association, who shall constitute this special committee.

Respectfully,

John D. Matthews.
E. H. Stevenson.

Moved by Dr. Adlerman that the report be adopted. Motion seconded and carried.

The report of the House of Delegates on the Propaganda Committee was read, as follows:

We approve report of the Propaganda Committee without recommendation.

W. S. GLENN,
E. G. SHARP,
Committee.

On motion of Dr. R. L. Thomas, duly seconded, the report was adopted.

The report of the House of Delegates on the report of the Editor of the QUARTERLY was read, as follows:

We approve the report of our Corresponding Secretary and Editor of the QUARTERLY, Dr. W. N. Mundy, and commend him for the satisfactory manner in which he has published the QUARTERLY the past year in the face of the ever increasing cost of printing and paper.

We recommmend that $1,200 be appropriated to the QUARTERLY, to be paid in quarterly payments, and that the salary of the editor remain at $300 and $100 for stenographic services as before.

JOHN K. SCUDDER,
MORSE HARROD,
Committee.

The following resolution was then read:

"The incessant and persistent effort put forth by pseudo-philanthropists, sociologists and organized labor to enact legislation directed toward compulsory health insurance demands the attention of our Association. We feel that the effort put forth toward the attainment of that end should merit the effort of this Association to defeat it. Therefore we offer the following resolution:

"*Resolved:* That the Committee on Propaganda be instructed to use their efforts toward defeating such legislation in the states in which such legislation is introduced, and if necessary co-operate with other state societies in so doing, and that we as an Association place ourselves on record as an Association as being opposed to such legislation.

W. N. MUNDY."

We recommend that this report be adopted unanimously.

B. E. DAWSON,
D. E. SAXTON,
Committee.

Moved by Dr. Adlerman that the report be adopted. Motion seconded and carried.

Dr. Wm. P. Best read the report of the Committee on Necrology, as follows:

Year after year are we made to realize that many of our highly respected and beloved fellows are growing old and are being removed from the stage

of life. Again there are others among us whom we mourn, "whose work is not finished yet, whose columns are broken."

We whose daily routine familiarizes us with pain, sorrow and death are nevertheless shocked when death suddenly deprives us of the love, counsel and friendship of one of our number.

Shock, sorrow and regret come upon us like a storm out of a clear sky.

News of the death of our Fellow, Dr. B. K. Jones, of Kenton, O., rudely roused me from my slumber one night not long ago.

Now all we can do is but feebly voice our regard for a life long Fellow and friend.

Dr. Jones was a true, loyal Eclectic, and to the author all this and more —a friend.

Tenderly do we refer to his memory, sadly do we miss him, and this Association, in the death of Dr. Jones, has lost a faithful worker and loyal supporter.

Therefore Be It Resolved: That this Association extend to the bereaved family the sincere sympathy of this membership.

Be It Further Resolved: That the sympathy of this body be extended to the families of all the members whose demise has come to our notice during the year. They are:

John H. Hazen, Titusville, Pa.
John H. Souther, Somerset, Pa.
N. A. Bailey, Lake Preston, S. D.
C. E. Brothers, Akron, O.
A. N. Herring, De Graff, O.
B. K. Jones, Kenton, O.
H. B. Kirkland, Berea, O.
E. R. Petsky, Phoenix, Ariz.
Geo. W. Thomson, New York.
Wm. H. Dunham, Atlanta, Ga.
F. W. Abbott, Taunton, Mass.
Amos J. Givens, Stamford Conn.
S. L. Strickler, Boggstown, Ind.
Mary A. Willis, Jersey City, N. J.

Respectfully submitted,

WM. P. BEST, M.D.

Moved by Dr. Adlerman that the report be received. Motion seconded and carried.

Dr. M. M. Harvill, for the Committee on Credentials, reported that the names were posted in the back of the room—eighty new members and forty-five renewals. Moved by Dr. Wm. P. Best that the report be adopted. Motion seconded and carried. The report is as follows:

APPLICATIONS FOR MEMBERSHIP

Arkansas

J. G. Wilson, Ulm
B .M. Witt, Little Rock
W. S. Kendall, Jessup
B. D. Clutch, Little Rock
C. O. Lewis, Morrilton
Aaron S. Leven, Jacksonville

California.

Catherine E. Ohnemuller, Los Angeles

Connecticut

Joseph P. Deery, Bridgeport
Joseph F. Keegan, Bridgeport

Florida

J. P. Hetherington, Miami
Percy F. Lisk, Fort McCoy
E. J. Roach, Haines City
C. W. Page, Palatka
J. D. Di Maio, Ybor City
Archie Daniel, St. Cloud

Georgia.

James T. Gibson Porterdale
Vosgan A. Avakian, Rossville

Illinois

Eugene P. Heinze, Chicago.
W. J. Briney, Chicago.
Eleuteric Ciotola, Chicago

Indiana

G. H. Schenk, Ridgeville

W. C. Imnay, Lowell
R. B. Douglas, Terre Haute
Burl Billman, Sullivan
C. B. Gardner, Bicknell
W. G. French, Evansville

Kansas.

H. G. Schaumleffel, Rosalie
S. C. Hatten, Eldorado

Kentucky

Matthew Higgins, Jr., Newport
Frank J. Moore, Majestic
A. David Echert, Newport

Massachusetts.

Robert W. Power, Boston
Robert H. Nichols, Boston
Orel F. Martin, Medford
Harold N. McKinney, Boston
H. L. Richardson, Somerville

Missouri

W. A. Stearns, Savannah
A. H. Koch, St. Louis
Abraham Cohan, Springfield

Nebraska.

A. R. Bonnbeck, Murdock

New Hampshire

Lefferts M. Powell, Hudson

New Jersey.

F. Faciollo, Bayonne
Mary B. Carr, Jersey City, N. J.

New York

Roger O. Atchley, Brooklyn
Joseph Phelan, Brooklyn
O. K. E. Kittsmiller, Brooklyn
V. R. Kittsmiller, Brooklyn
Marian Coleman, New Cork City
Joseph Coleman, New York City
J. A. Hobbie, Buffalo

Ohio.

Theodore Bowles, Harrison
Cyril Dozer, Crooksville
W. H. Gaskins, New Richmond
H. T. Minshull, Cincinnati
Albert Schwartz, Cincinnati
R. H. Vance, Morrow
Emil J. Alban, Norwood
Wm. E. Hoffer, Franklin
Wayne H. Waterman, Cincinnati
W. A. White, Salesville
Lloyd E. Overhulse, Holgate
Elizabeth Overhulse, Holgate
I. N. Martin, Portsmouth
Charles F. Culley, Cleves
Alphonso Riggs, Cincinnati
W. W. Klement, Cincinnati
W. J. Morgan, Manchester
J. Thomas Lloyd, Cincinnati
I. Black, Geneva
J. H. McLochlin, Cincinnati
C. R. Kittsmiller, Fresno,
J. F. Conner, Sidney

Oklahoma.

R. A. Williams, Fairland
J. F. Hames, Blanchard

Pennsylvania.

Wm. S. Glenn, Jr., State College
E. D. Geer

Tennessee.

Frank L. Keil, Lavinia

Texas.

R. O. Prideaux, Farmer
E. J. Cowles, Petrolia

Reinstatements of Former Members

W. E. Acree, Huntsville, Ark.
J. L. Bennett, Kearney, Neb.
Mabel A. Langley, Boston, Mass.
C. A. Barton, Dunn Center, N. D.
C. R. Kittsmiller, Fresno, Calif.
Theo. Snypp, East Auburn, Calif.
Enoch Mather, Mt. Clemens, Mich.
D. H. Shultz, Delphi, Ind.
C. W. Mercereau, Chicago, Ill.
L. L. McHenry, Cincinnati
F. A. Mack, Braintree, Mass.
M. B. Bolton, Quincy, Calif.
Spero G. Vryonis, Bridgeport, Conn.
L. Weatherbee, Antioch, Calif.
H. O. Kingsley, Burlington, Pa.
K. H. Harrington, Akron, O.
J. G. Eastham, Pritchett, Tex.
E. F. Heard, Goree, Tex.
W. A. Morrow, Tulia, Tex.
W. O. B. Remy, Wilmer, Tex.
W. M .Taylor, Goree, Tex.
H. F. Zink, Tulsa, Okla.
A. C. Greer, Chickasha, Okla.
H. F. Craig, Protection, Kan.
Chas. W. Larabee, Fla.
G. M. Beckham, Arkadelphia, Ark.
S. L. Good, Atoka, Okla.
A. M. Liebstein, New York City
Z. T. Hawkins, Swayzee, Ind.
C. C. Hamilton, Newberry, Ind.
Fred L. Hosman, Indianapolis, Ind.
Fred Finlaw, Arlington, Ind.
W. B. Quinn, Springfield, O.
G. W. Bowling, Wellington, Ky.
J. McDonald, Creston, Ia.
Geo. A. Meracle, Caruthers, Calif.
J. C. Stout, E. Oakland, Calif.
E. C. Thorson, Laverne, Minn.
A. E. Snow, St. Louis, Mo.
A. J. Jamieson, Winona, Mo.
E. C. Rohrbach, Flat River, Mo.
L. M. Custer, Durham, Mo.
J. F. Wagner, Greenville, Mo.
S. Warren Bush, Parkersburg, W. Va.

The President then called to order the Section on Mental and Nervous Diseases.

SECTION ON MENTAL AND NERVOUS DISEASES.

Chairman.....T. D. Adlerman, Brooklyn, N. Y.

Dr. T. D. Adlerman read a paper on "Tabes." Discussed by Drs. E. G. Sharp, Guthrie, Okla.; D. E. Saxton, Tampa, Fla.; S. L. Katzoff, Bridgeport, Conn., and H. E. Vitou, South Bend, Ind.

Dr. W. N. Mundy, Forest, O., read a paper entitled "Neuralgia." Discussed by Drs. R. L,. Thomas, Cincinnati; N. A. Graves, Chicago, Ill., and T. D. Adlerman, Brooklyn, N. Y.

Dr. S. L. Katzoff, of Bridgeport, Conn., read a paper entitled "Love One of the Greatest Factors in Promoting Health." Discussed by Drs. E. B. Shewman, Cincinnati, O.; T. D. Adlerman, Brooklyn, N. Y.; B. E. Dawson, Kansas City, Mo., and E. F. White, Flovilla, Ga.

(Adjourned until 2 P. M.)

THURSDAY AFTERNOON SESSION.

The Thursday afternoon session was called to order at two o'clock by the President, Dr. O. S. Coffin.

THE PRESIDENT: This afternoon we have a symposium on tuberculosis, one of the most important subjects occupying the minds of physicians today. We have had discussions on influenza and pneumonia, and I feel that as Eclectics we are pretty well prepared to cope with those diseases, but when it comes to tuberculosis we are about as helpless as infants. We are very fortunate in that we will have a paper on this subject by our old friend, Dr. H. W. Felter, of Cincinnati, "The History of Tuberculosis."

Dr. N, A. Graves then gave a clinical lecture on tuberculosis.

Dr. H. H. Helbing, St. Louis, read a paper on "The Diagnosis and Intravenous Treatment of Tuberculosis."

SECTION ON NERVOUS DISEASES.—Continued.

Dr. Wm. P. Best, Indianapolis, Ind., read a paper entitled "Convulsions of Childhood." Discussed by Drs. D. E. Saxton, Tampa, Fla., and R. E. Howard, Ft. Lauderdale, Fla.

Dr. B. E. Dawson offered a resolution regarding the Arkansas State Examining Board, which was referred to the House of Delegates.

Dr. B. E. Dawson, Kansas City, Mo., read a paper entitled "Psychiatry."

Dr. H. E. Vitou read a paper entitled "Toxemias of Pregnancy."

Dr. E. B. Shewman submitted some case reports.

Dr. H. W. Felter, Cincinnati, read a paper entitled "The Medicinal Plants of the South."

Dr. Scudder introduced a resolution regarding the action of the Arkansas Examining and Registration Board. Referred to House of Delegates.

(Adjournment until Friday morning.)

FRIDAY MORNING SESSION.

The Association was called to order by the President.

The Auditing Committee submitted the following reports:

ATLANTA, GA., June 16, 1920.

We, the Auditing Committee, have examined the accounts of the Editor of the QUARTERLY and find the same to be correct. The receipts were $1,816,.01, disbursements $1,783.97; balance $32.04.

Respectfully submitted,

J. C. MITCHELL.
J. H. HAUCK.

We, the undersigned committee, have examined the report of the Council of Medical Education and found the same correct. However, there was no bill attached to cover the expense of printing and postage, which amount to $35.50.

We recommend a warrant be drawn on the Treasurer for that amount so that the Treasurer's books will be straight.

J. C. MITCHELL.
J. H. HAUCK.

The Auditing Committee has been unable to audit the books of the Recording Scretary and Treasurer because the books of the Treasurer are not at hand. Some time was spent in a partial audit of the Secretary's books and a number of clerical errors were found which will be easy to correct.

We recommend that the incoming President instruct that the books of the Treasurer be sent to the new Finance Committee for audit.

J. C. MITCHELL.
J. H. HAUCK.
Committee.

The following resolution from the House of Delegates was offered by Dr. B. E. Dawson and adopted:

"*Whereas,* the regular State Medical Board of Arkansas has recently sent a resolution to every examining board in the United States calling attention to the fact that the Arkansas Eclectic Medical Board of Examiners persists in examining and licensing the graduates of a nondescript medical college of Kansas City, Mo, Primarily, this may be to embarrass that college, but secondarily it may be an attempt to reflect on Eclectics in general and this National body in particular.

"*Resolved,* that the secretary of the Arkansas regular board be notified that the aforesaid institution is not recognized as an Eclectic college by this body."

T. D. ADLERMAN.
B. E. DAWSON.
Committee.

Dr. J. A. Powell read a paper entitled "Posterior Sclerotomy for Glaucoma."

Dr. W. M. Mundy read a paper entitled "Tubercular Meningitis." Discussed by Drs. O. S. Coffin, Indianapolis, Ind.; Wm. P. Best, Indianapolis, Ind.; Josephus Adolphus, of Florida, and J. D. Powell, Atlanta, Ga.

Dr. Wm. P. Best, Indianapolis, Ind., read a paper entitled "Anemopsis."

The House of Delegates reported on the report of the Recording Secretary, as follows:

"We, the committee, do not think it wise that the Corresponding Secretary head the Propaganda Committee as chairman, as we feel he has enough work editing the QUARTERLY and soliciting advertisements.

Attention is called to the fact that the By-laws creating the Propaganda Committee provide for four members and we suggest that the members elected should live as near as possible in four different sections of the country.

We would suggest that the wording of the By-law be changed to read that the Propaganda Committee act in co-operation with the National and State secretaries instead of independently, as now.

We think better for each member of the Propaganda Committee to collect the money from his correspondents and not ask that the money be sent to the Recording Secretary.

We suggest that the Corresponding Secretary offer sets of our National Transactions to any public lbrary that will accept and place them on their shelves.

J. C. MITCHELL,
M. M. HARVILL,
Committee."

Moved by Dr. Best that the report be adopted. Motion seconded by Dr. Adlerman and carried.

REPORT OF COUNCIL ON MEDICAL EDUCATION, 1919-1920.

Owing to unforeseen conditions arising it was impossible for me to do any work for the Council until the last month, when I mailed 1,700 letters, same as reverse side of this report. I received a number of replies and contributions amounting to $79. The expense necessary for the printing and postage was $35.50, leaving a balance to place with this special fund of $45.50. Enclosed please find a check for that amount.

Fraternally,
R. J. LAMBERT, M.D.

List of donators and amounts attached.

REPORT OF TREASURER OF COUNCIL OF MEDICAL EDUCATION.

This committee, selected by the president of the Association at its last annual meeting at Chicago, June, 1919, consisting of Drs. R. J. Lambert, of St. Charles, Ill.; G. A. Munch, of Tampa, Fla., and E. G. Sharp, of Guthrie, Okla., organized by the selection of Dr. Lambert, chairman; Dr. G. A. Munch, secretary, and your humble servant (myself) as treasurer.

Recognizing the necessty of active and persistent work on the part of the committee if we accomplish much good results and not hearing from the president or secretary, in the fall of 1919 I wrote both the other members of the committee, suggesting that we get busy, but received no reply from either. Again after January 1st I wrote the chairman, urging action by the committee, but again no reply. I then wrote the president, Dr. Coffin, and he

informed me under date of April 30 that up to that time "he had been unable to receive one word from the chairman of the committee and asked me to assume charge of the work of the committee, which at that late date I did not see fit to do.

The previous committee, through our president, remitted me receipts as follows:

Oct 18, 1920, by Coffin, checks	$ 259.01
Oct. 18, 1920, by Coffin, Adlerman W. S. Certificate	1,000.00
March 31, by Coffin	353.17
With the following accumulations:	
June 15, 1920, 4% int. on $260.00, 8 months	6.90
June 15, 1920, 4% int. on 353.17, 2½ months	3.13
Cash on deposit and interest	$ 623.20
War Savings Certificate	1,000.00
Total	$1,623.20

I very much regret that the committee has no accumulations to report for the current year as a result of their work. However, I do not feel in this matter that it is due to indifference or negligence on my part.

Respectfully submitted,

Dr. E. G. Sharp.
Treasurer of Committee.

The House of Delegates reported on the resolution concerning venereal diseases as follows:

Inasmuch as social diseases are so prevalent, far-reaching and injurious in their effects to the health and welfare of humanity; therefore,

Be It Resolved by this Association that we favor the passage of laws by our various state legislatures that will tend to check the spread of these diseases as well as laws prohibiting the marriage of parties afflicted with venereal diseases.

B. E. Dawson,
D. E. Saxton,
Committee.

On motion of Dr. Adlerman the report was adopted.

The following resolution from the House of Delegates was adopted by a rising vote:

Whereas, The National Eclectic Medical Association has been highly entertained and has greatly enjoyed the hospitality of our good Eclectic friends, who have made the meeting a great medical, social and financial success; and,

"Whereas, The press of the city of Atlanta and of the state of Georgia have given freely of space and extended to our Association every courtesy in both pre-convention publicity and reports of our work and session; and,

"WHEREAS, The Kimball House has provided us with a place of meeting,

"Therefore, Be It Resolved, That this Association, in session assembled, tender our thanks to all who have so graciously contributed to our pleasure and the success of this meeting.

"WHEREAS, The details of our entertainment have devolved upon the personal efforts and consumed the time of our good friend, Dr. Dan Griffith, of Atlanta, and his co-workers;

"Therefore Be It Resolved, That we extend to them a special vote of thanks for their untiring efforts in our behalf while in the city of Atlanta.

Respectfully submitted,

WM. P. BEST."

The House of Delegates made the following report covering the election of officers and plan of meeting for 1921:

President, H. W. Felter, Cincinnati, O.
First Vice-President, Dan H. Griffith, Atlanta, Ga.
Second Vice-President, W. P. Collins, Howard, S. D.
Third Vice-Presdent, J. W. Pruett, St. Louis, Mo.
Recording Secretary, H. H. Helbing, St. Louis, Mo.
Corresponding Secretary, W. N. Mundy, Forest, O.
Treasurer, J. P. Harvill, Nashville, Tenn.
Council on Medical Education: E. G. Sharp, E. H. Stevenson, T. D. Adlerman.
Commttee on Propaganda: Wm. P. Best, T. D. Adlerman, G. H. Powell, J. A. Munk.
Place of meetng for 1921, Colorado Springs, Colo.

Moved by Dr. Adlerman that this report be adopted. Motion seconded and carried.

The newly elected president was then escorted to the platform.

DR. O. S. COFFIN: I take great pleasure in presenting your newly elected president. I predict for you one of the best years you have ever had under his regime.

DR. H. W. FELTER: I am certainly very much honored. I know what work it means, and I want you to realize, as I do, that no one man can run this medical association. He must have the loyal support of every member throughout the whole country. I want to say for Dr. Coffin that I think we have had one of the best meetings I have ever attended anywhere. It has been successful in every way. The papers have been good, the discussions have been good, and the attendance has been good, especially in a place where there are attractions that might draw people away. I want to say, too, that I have never been any place where the hospitality was greater or more generous and where we were better entertained than in your city of Atlanta. Again I thank you and ask your support.

(Final adjournment.)

The following report from the Treasurer, Dr. H. A. Shafor, was received too late for acton by the convention:

TREASURER'S REPORT FROM JUNE 1, 1919, TO JUNE 1, 1920.

Arkansas	$ 76.00	
California	108.10	
Canada	5.00	
Canal Zone	2.00	
Colorado	22.00	
Connecticut	61.00	
Florida	91.50	
Georgia	82.00	
Illinois	100.00	
Indiana	174.00	
Iowa	54.00	
Kansas	76.00	
Kentucky	96.00	
Maine	2.00	
Massachusetts	96.00	
Michigan	48.00	
Minnesota	2.00	
Missouri	122.50	
Mississippi	2.00	
Nebraska	80.25	
Nevada	2.00	
New Hampshire	2.00	
New Jersey	52.00	
New York	200.00	
North Dakota	4.00	
Ohio	301.00	
Oklahoma	82.00	
Oregon	2.00	
Pennsylvania	98.00	
Tennessee	28.50	
Texas	118.00	
Utah	4.00	
Wisconsin	20.00	
West Virginia	12.00	
Wyoming	12.00	
Check for surplus, Entertainment committee	137.35	$2,401.10
June 1, 1919, by balance (cash on hand)		1,089.51
June 1, 1920, Total receipts		$3,490.61

Disbursements.

June 20, 1919, Warrant No. 333, Wm. P. Best	$263.30
June 20, 1919, Warrant No. 334, H. H. Helbing	300.00

June 20, 1919, Warrant No. 335, F. E. Dillon	125.00		
June 25, 1919, Warrant No. 336, Am. Surety Co.	10.00		
Aug. 18, 1919, Warrant No. 337, W. N. Mundy	275.00		
Sept. 19, 1919, Warrant No. 338, Peerless Ptg. Co.	14.50		
Sept. 19, 1919, Warrant No. 339, H. H. Helbing	182.48		
Nov. 3, 1919, Warrant No. 340, J. K. Scudder	15.16		
Nov. 3, 1919, Warrant No. 341, Fidelity Deposit	2.50		
Nov. 3, 1919, Warrant No. 342, J. K. Scudder	4.00		
Nov. 19, 1919, Warrant No. 343, W. N. Mundy	275.00		
Dec. 13, 1919, Warrant No. 344, Peerless Ptg. Co.	37.20		
Feb. 27, 1920, Warrant No. 345, W. N. Mundy	275.00		
Feb. 27, 1920, Warrant No. 346, H. H. Helbing	28.35		
May 31, 1920, Warrant No. 347, W. N. Mundy	275.00		
May 31, 1920, Warrant No. 348, St. Louis Button Co.	19.00		
May 31 1920, Warrant No. 349, H. H. Blankmeyer	3.50		$2,104.99
June 1, 1920, By balance (cash on hand)			$1,385.72
Interest			39.54
Total cash			$1,425.16

H. A. Shafor, *Treasurer.*

The following states were represented: Arkansas, Connecticut, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Kansas, Michigan, Missouri, New York, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee and West Virginia.

PRESIDENT'S ADDRESS.

O. S. Coffin, M.D., Indianapolis, Ind.

Ladies and Gentlemen:

We have met here at this time to hold the semi-centennial session of the reorganized National Eclectic Medical Association, to celebrate, as it were, our golden jubilee anniversary. The first National Eclectic Medical Association was organized in 1849, twenty years after the illustrious Wooster Beech unfurled to the world the banner of our system of practice of medicine, upon which was inscribed "Vires, vitales sustinete," and launched a vigorous campaign in favor of a more rational system of practice than was then offered by the dominant school. This new school believed in and promulgated the idea of sustaining the vital forces, in contradistinction to the theory and practice of the popular school, which was to deplete the patient with drastic and poisonous drugs, blisters and bleeding. That National Asssociation flourished for a while, but owing to waning of interest on the part of the membership, and the powerful opposition offered by the dominant school, whose prop-

aganda had its influence on the weaker members, it ceased to exist. It held its last meeting in 1857. However, that "Truth crushed to earth will rise again" was demonstrated in the reorganization of the present National Eclectic Association in 1871. Since that date it has met annually up to the present time.

History for all time shows that every new thought has had to struggle for its existence. So it has been with this new and improved system of the practice of medicine. Egotism, jealousy and prejudice have prompted the leaders of the dominant school to resort to every means conceivable to crush out of existence this new school. At first it did not receive serious consideration from the enemy. They thought to laugh and ridicule it out of existence. Failing in this, they then tried abuse, which they applied in every conceivable manner. Nothing was too low or too dirty for them to say or to do to gain their point. Many of the forefathers of Eclectic Medicine were arrested on false and unjust charges, thrown into prison cells that were so foul and so filthy as to beggar description, without beds, and scantily fed on food unfit for human consumption. Throughout all this abuse and ill treatment they held fast to the faith, knowing the soundness of their doctrines, and feeling that truth was mighty and would prevail.

Failing in these methods, they then tried to gain their point by unfair and unjust legislation, and are still engaged in this scheme to gain control of all things medical, not only as relates to other schools of medicine, but they seek to control the members of their own school, and dictate to them just what they must do and how they are to do it.

What I say regarding the old school does not apply to all members of that school by any means. It only applies to that class whose bump of loquacity is so well developed that they are able to talk themselves into positions of authority, and whose high self-regard leads them to think that they are the only people capable of doing what is worthy of consideration and use. Just why we should have to constantly contend with such opposition is inconceivable, except that it is born of egotism and jealousy. Such, however, has been the experience in all the world from time immemorial with every great advance or discovery in medical science.

Medical history tells us that when Dr. Harvey discovered the circulation of the blood he was promptly ridiculed, ostracized and forbidden to practice medicine. When Paré introduced the ligature to stop the flow of blood from a severed artery he was denounced severely "for suspending the life of a man from a thread." When the anesthetic property of chloroform was discovered its use was condemned by the prominent physicians and the introduction into general practice of that wonderful pain destroyer was thereby greatly retarded. When a dentist in France announced that he had discovered a method for the painless extraction of teeth and asked the privilege of reading a paper in the medical society on the subject of his new discovery, thereby giving it to

the world for the benefit of all mankind, he was forbidden the privilege and informed that they had no time for such foolishness. When De Haven invented the clinical thermometer he met with the same opposition from the same self-styled leaders of the profession, was bitterly denounced as a quack and this most valuable instrument in diagnosis was put aside for a hundred years.

The same kind of treatment was accorded the inventor of the stethoscope. The head of the University College Hospital of London was deposed from his position for using that instrument, and it was fifty years or more before it came into general use. Today, who would think of trying to practice medicine without these most valuable instruments? Yet the sick of the world were deprived of the benefit to be derived from their use by the opposition of these same self-sufficient, self-styled leaders of the medical profession of the old school.

To be a leader in any line one must go forward in advance of others, and not stand in the way of those who do progress. Hence it is a misnomer to style such men leaders. A better name for them would be "Air brakes on the wheels of progress." These are the men who are the politicians of medicine, and sometimes they even break into politics proper, get elected to the state legislature, and at once introduce some medical bill the object of which is "control."

The large majority of the Allopathic brethren are as nice and fair-minded gentlemen as one would wish to meet, but unfortunately they are not in charge of the A. M. A., which seeeks to dominate over all things medical. Many of the liberal Allopaths are breaking away and learning to use our remedies, and some have seen the light to the extent that they have come over to us and are now enjoying the fruits of the Eclectic system.

This legislative scheme is still being pushed and there is now a plan to put through Congress a bill which, if enacted, will put a "strangle hold" on all personal liberty in the practice of medicine. So far the unjustness of these plans, when properly explained to the legislative bodies, have caused their defeat.

Our Declaration of Independence was read in that little meeeting held in New York, now near one hundred years ago, and LIBERTY, the keynote of Eclecticism, was then and there sounded. The clear ring of that sweet note has been wafted down through these many years and is as strong and as clear and as sweet today as it was the day it first sounded. God forbid that it shall ever be muffled or silenced by any Kaiser in medicine who would seek to rule the world.

Our forefathers in medicine were imbued with the same spirit of independence that impregnated every drop of blood that coursed through the veins of the forefathers of our country when they so valiantly fought on and on to throw off the yoke of tyranny. How well they succeeded in their struggle for independence in government is evidenced in the existence of this, the grandest and most glorious country in all the world.

How well Eclecticism has succeeded is evidenced by this assembly of Eclectic physicians, whose countenances indicate intelligence, culture and integrity, and whose general appearance bespeaks prosperity and who have a record of success in healing the sick that no other such body of physicians in all the world can equal.

The truth of this claim is based on statistics gathered from public and private practice. Just one instance is sufficient to relate: During the influenza-pneumonia epidemic of the past two years the death rate among those cases who were treated by old-school methods ranged from 10 per cent. to 40 per cent., and in one cantonment of soldiers 52 per cent., while the average death rate of those treated by the Eclectic methods was less than 5 per cent. Is not this record enough to prove the superior method of our system of treatment? And should it not make us feel that we have something worth while laboring to maintain? We cured our patients with Eclectic remedies, given according to the specific indications, as taught in our colleges and by our writers. This bit of history has been given for the benefit of some who may not be familiar with it and to refresh the memories of those who have known it, preparatory to what is to follow:

We are assembled here for two purposes: First, to increase our knowledge by the exchange of thought and experiences; to discuss the remedies and methods used in the treatment of the sick, and give to all the world who will accept it the good we have within our system of medicine. This will be done by the reading and discussion of papers written by the members of the Association on various subjects of interest to the medical profession. By listening to clinical lectures given by other members, and last, but not least, by private conversation one with another, between sessions, talking over our perplexing cases. Do not fail to avail yourself of this opportunity.

Second, to devise ways and means for the improvement of our organization, extend our activities in every direction, and make every Eclectic a stronger exponent of the principles of Eclecticism. Let us adopt this for our slogan for the future: *"Every Eclectic a stronger exponent of the principles of Eclecticism."*

Far too many graduates from Eclectic colleges are not members of the State and National Associations for some reason or other. Many who are members do not attend, while some others allow their dues to go delinquent and drop out. Others again allow the Allopathic propagandist to entice them away from the school of their choice, and get them to forsake the Eclectic societies and "join the big crowd." They are told to forget there are any separate schoools in medicine and all be friendly. Let the lion and the lamb lie down together. Well, they do so with the lamb inside the lion, in so mangled a condition that he could not be recognized. All of the lamb that can be converted into lion is appropriated in that way. Whatever there is that can not be made into lion is excreted. So ends the lamb. In some instances I feel that

this occurs because not enough interest is shown in them from within our own ranks.

There is no man who does not like to have some attention shown him, and I feel that every one of us should consider ourselves a member of the hospitality committee, and make an effort to help every other Eclectic feel that he is his friend and willing to stand by him and help him in every way possible. This will foster a good friendly feeling that will do much to bind our organization together and make every man of us feel that he does not want to miss a single meeting.

Others say they are too busy to attend the Association meetings. The man who does not attend is likely to get so far behind the times that he will not be so busy. They fail to appreciate the benefits to be derived from attending the meetings.

But few know the great danger of being legislated out of existence, which would have been done long ago had there been no organization. Some are selfish and care nothing for the welfare of others. Part of them are out because of some trivial affair at which they have taken offense. Perhaps some individual has said or done something they did not like, or the Association did, or failed to do something they thought should have been done, and because of this they "took their little dishes and went home." Such men as these remind me of the man who got mad and wanted to burn his automobile because a tire blew up. If something goes wrong with the machinery, stay with it, go to work and correct the wrong, or overcome the difficulty in another way. Let us always remember that the great cause of Eclecticism is greater than any personal grievance. Had the founders of the cause been so lethargic, so little interested in the general welfare, so super-sensitive, or for any other reason had been so willing to give up and quit trying, they would have failed, and the rich heritage we now possess from them would never have been given us. The greatness of the value of what they gave to us can only be measured in human lives, as has been so clearly demonstrated in the epidemic of flu-pneumonia that has beset us these last two years, as was previously mentioned.

Due to these various causes we have been losing ground these past few years. The history of every great cause shows alternating periods of prosperity and adversity. It is a lamentable fact that just now we are in the trough of the wave, and it is necessary that we put forth extra effort to ride the approaching wave of adversity or we founder and sink.

Our ranks are being depleted by death faster than they are recruited by new graduates. We are lacking in the supply of medical students; partly because of the lethargy of our membership and partly because of the lack of educational facilities. A few years ago we had a number of Eclectic colleges. They kept dropping out one by one until now we have but one college left. The Eclectic Medical Institute of Cincinnati,

founded by our grand old patron saints and carried forward to the zenith of its high tide by the great and able Dr. John M. Scudder, and is now managed by his son, Dr. John K. Scudder, who, with the Board of Trustees, is fighting valiantly to keep the Eclectic ship afloat and keep her banner waving aloft until re-enforcements arrive.

At one time there was an Eclectic college here, and for reasons best known to you who were connected with it it has ceased to operate. Some of the colleges failed because of lack of patronage and sufficient financial backing. It is a fact that no medical college can exist and prosper on the income from the students. *They must have outside support.* Some others failed because of bickering and quarrels between the members of the faculty and board of trustees. Now the question comes fairly up to us: Are we going to be willing to sacrifice the rich inheritance which our forefathers made for us by self-sacrifice and unceasing effort and let it all go to ruin? Are we going to be willing to see the Eclectic banner which they raised and so valiantly fought to preserve fall to earth and be trampled in the dust? And all this because we lack sufficient patriotism on our part to make us rise above the little piques and quarrels, petty grievances and jealousies, that created the destructive discord which helped to bring about the downfall of some of our colleges? We should recognize the fact that Eclecticism is bigger than any man's personal wishes and feelings, and, recognizing that fact, be willing to arbitrate and settle our differences without jeopardizing so great and glorious a cause.

If we have a hatchet let's bury it deep and for all time and stand for Eclecticism first, last and all the time.

If we will but be willing to stand up with our right hands raised toward heaven and declare before God and man that we entertain no enmity or ill will toward a soul on earth, that we will freely reconcile if we find in him a corresponding disposition, much of the barrier to our progress will disappear and we can go on to victory. We owe this to the memory of our forefathers; we owe it to ourselves and to our fellow men, and we owe it to the generations to follow.

The first thing to be done in order to accomplish the desired end is to have more propaganda work. This will necessitate more funds for the use of the propaganda committee. I most earnestly recommend this to your serious consideration and suggest that a committee be appointed to ascertain the amount necessary and devise ways and means to raise such funds. To my personal knowledge, the chairman of the propaganda committee, Dr. Best, has this year worked to the point of exhaustion, doing clerical work that should have ben done by a stenographer. But there were not sufficient funds at his disposal to employ one. Worst of it all was he could not do the required amount of work to accomplish what should be done because the amount of work was too great for him to do. He did more than he should have done for his own physical good. Great credit is due this committee for the good they have accomplished.

We must reach the public through the secular press and magazines and not let our light remain hidden under a bushel. Convince the people of the correctness of Eclecticism and you need not worry about getting more students.

Next, *we must have more colleges.* The dead ones must be rehabilitated or new ones started. Since there was at one time a good college here, would it not be a grand and glorious way to celebrate this golden jubilee meeting of the Medical Association by reviving this college here and at this time and put on foot plans whereby not it alone, but others could be started, and an endowment fund raised sufficient to properly equip them and insure their support? Such can be done if we will but say in big letters WE WILL DO IT and then go at the task with a will and a determination to succeed. I have here a letter from a good friend and classmate, Dr. J. E. Connett, of Lawrenceville, Ill., in which he suggests a very good plan that should be worked out with some additions and variations. Dr. Connett offers to start the subscription with at least one thousand dollars. I recommend that there be a committee appointed to take up this plan of Dr. Connett's for raising an endowment fund for the purpose of reorganizing and starting colleges and giving them adequate support to insure their success. This committee to confer, investigate and make reports so far as possible on the last day of this convention.

From what I have been able to learn from my correspondence in the work as your president this year, it appears that we have passed the lowest point of depression in this period of adversity and have even now started on the upgrade of prosperity.

I have received many encouraging letters from different sections of the country, all of which indicate an increasing interest in our cause. With the record previously referred to in the treatment of pneumonia, as well as other diseases, there is no reason why we should not rise higher than ever before, if we but tell the public the facts, and strengthen our own position.

Feeling deeply interested in getting new and young men installed into the work of the Association, I sent letters to all those who were in the service that I could hear of, about 250 in all, asking and urging that they come to this meeting, that we might show to them the honor so justly their due; that we might have them take part in the meeting, tell us of their experiences and observations of things of interest while in the service, and to enjoy the hospitality of our Georgian friends—I feel that it is highly necessary that we get the young men into the work. Not that I have any desire to displace a single one of the old veteran workers, who have borne the burden through the heat of the day, but that the old workers may have the help of the young men, as it is right that the young men have a prominent share in the work of the Association. It will be the salvation of this society to have the snap and vim of young men introduced into its body.

I wish to take this occasion to again thank you, friends and brethren in the profession, for the honor that you conferred on me in Chicago by electing me President of this Association. To say that I am proud of the honor would but feebly express my appreciation. He who would not be proud of the highest honor within the gift of this organization, which stands for the highest and best there is in the healing art, would indeed be an ingrate.

When my friends approached me at the meeting in Chicago with the proposition and asked me to take the place for this year, I hesitated, feeling my inability to cope with the task, but upon their promise to assist me I consented to try and now I owe them a debt of gratitude greater than words at my command will express for the very able counsel and assistance they have rendered me. When I assumed the duties of the office I felt there was great responsibility connected with it, together with much work, but no one can realize fully what it means to attempt this task until he has learned it by experience. Especially do I wish to thank our very dear friend and neighbor, Dr. Best, for his assistance. Also do I thank Drs. Mundy and Scudder for what they have done for me. Drs. J. U. and J. T. Lloyd, Drs. Graves and Felter and others are entitled to the very heartfelt gratitude of every member of the Association for what they have in store for us. Many things perhaps should have been done that I have failed to accomplish, but, friends, I did the best I could. How well I succeeded by the aid of my friends who will have charge of the different parts of this meeting and who have so kindly contributed papers, lectures and other things for our enlightment and entertainment will decide.

I must also thank the Committee of Entertainment for what they have done for us.

PLANT CONSTITUENTS AND MEDICINES.

John Uri Lloyd and John Thomas Lloyd, Cincinnati, O.

Friends of the Society:

The lesson of the evening will be given chiefly by experiments illustrating the fact that fundamental dissections of constituents can be made in plant preparations by the mere changing of an extractive menstruum. It might also be argued by a thoughtful observer that inasmuch as diametrically opposite substances are taken from a plant that, in each experiment is identical at the start, a mixture of the different solvents would be capable of abstracting the entire content of the drug.

This, however, on consideration of the influences of each menstruum on the material opposed to its affinities, will be seen at a glance to be erroneous. For example, a substance soluble in alcohol and insoluble in water will but partially dissolve in a mixture of alcohol and water, the

amount of alcohol in which it will dissolve perfectly being insufficient to dissolve it when water is mixed therewith. Indeed, if the proportion of water be great, the material may become practically insoluble in a mixture that carries alcohol enough, without the water, to perfectly dissolve the substances operated upon.

The same rule applies to the water-soluble constituents. If, for example, a gum perfectly soluble in a given amount of water be digested with a mixture of alcohol and water, the water being in the same quantity, the gum refuses to dissolve completely. As the alcohol proportion increases the gum in solution decreases, until finally, if the alcohol be in sufficient amount, although all the water is present in the mixture, but very small amounts of the gum are dissolved.

In these directions it will be comprehended that a mixture of solvents refuses not only to dissolve and hold in solution a material soluble in each constituent, but actually refuses to abstract them, even though the separated portions of the menstruum would dissolve each constituent completely. Hence it is that an attempt to carry into any pharmaceutical preparation of the total product, gums, resins and other constituents of a plant, results in failure. Indeed, a preparation made with this object in view, on the theory of representing the total soluble content of a drug by a single pharmaceutical product, is both hypothetically and practically erroneous.

Examples of this fact may be offered by making a more or less saturated solution of salt in water, and of resin in alcohol. On mixing these two liquids, it will be discovered that they immediately precipitate. When the reaction is over it will be found that the alcohol which held the resin in solution has precipitated much of the salt that had been dissolved by the water, whilst the water that held the salt in solution has precipitated much of the resin that had been dissolved by the alcohol. It will be shown by further experimentation, in which a mixture of salt and resin is employed, with diluted alcohol and water in the proportion of the previous experiment, that but a small amount of either salt or resin will be taken up by the mixed liquid.

I may as well again, as I have so many times in the past, in the lessons brought before this society and the classes that have honored me by listening to my remarks, attack the argument so constantly made by parties who are not conversant with the pharmacy of vegetable materials. The counter-argument I am making is to the effect that whoever asserts that a given menstruum, pound to pint of any drug whatever, carries the total soluble content of that drug, is, to put it very kindly, talking at random. It is impossible to thus combine, in a pound to pint product, the oils, fats, resins, alkaloidal structures, gums, albuminates and inorganic materials (the principal members of which, in varying proportions, exist in every drug, and are of discordant qualities) and to carry these materials in solution in a permanent form into the final product.

To put it more concretely, the fat and resin of the drug will not dis-

solve in the water of the menstruum; the gum and albuminates and often much of the sugar of the drug will not dissolve and stay in solution in the alcohol. Nor will a mixture of the two dissolve the amount either would take up of gum (water) and resin (alcohol). As shown by my experiments, published in the American Journal of Pharmacy, 1884, it would require an enormous amount of alcohol to abstract the water-soluble materials present in one pound of macrotys. At a certain point the resin has been practically abstracted; the alcohol having but a very slight solubility power over the other extractives of the drug, the process of percolation might be carried almost indefinitely without increasing the amount of material present in the percolate.

Let me repeat. In my opinion the man who claims that a one-menstruum preparation, pound for pint, carries the entire soluble content of a complex drug challenges such facts as have come under my observation. He might, however, properly state that the menstruum carried the therapeutic qualities of the drug, if the therapeutic qualities depend upon some one constituent or family of constituents soluble in the final menstruum. A study in this direction is, in my opinion, a much neglected opportunity in galenical pharmacy.

With the foregoing statement, the conclusions of which must be understood by all my hearers, I propose now to bring before you, in such a way as to make visible, experimental facts to corroborate the statements made in these preliminary remarks. The experiments will be presented and conducted by my son, John Thomas Lloyd, who in our laboratory has made a series of careful experimentations in this and other related directions, of which those presented are but a fragment.

Before us we have four cylinders, 500 cc. each. No. 1 contains alcohol, No. 2 water, No. 3 liquid petrolatum and No. 4 diluted acetic acid. All are colorless and transparent.

My assistant now holds before you a branch of the tree known as red beech tree, the matured leaves of which appear to be black in color. These leaves contain different materials associated, some soluble in liquid petrolatum, others in water, others in alcohol and others in diluted acetic acid. There seems not to be either red or green present in these black leaves, in which connection I will remark that red and green mixed in proper proportion, as nature mixes them in the leaves of this plant, make a black compound. I will now ask my assistant to apply an experimental process that will dissociate the constituents of these leaves in such a way as to put the separated products thereof into these different liquids, in order that you may see the process exemplified. Let us therefore hang twigs, each carrying a few leaves of this tree, so that they are respectively submerged in the upper part of each of the liquids, and I shall ask you, as these cylinders stand before your eyes, to note the result If the Society will resume its deliberations, concluding remarks will be made after the reaction has progressed sufficiently to permit the color changes to the thoroughly comprehended. (Interval of some hours.)

In concluding this lesson I call to your attention the reaction that followed the experiment. You noticed that the liquid in cylinder No. 1, alcohol, very soon began to turn green, and that this green color increased in intensity until it finally became a deep, transparent, emerald green.

Cylinder No. 2, water, has retained its natural color, there seemingly being no change in the liquid. The liquid in cylinder No. 3, liquid petrolatum, is likewise transparent, seemingly not being affected. You will have noticed that the liquid in cylinder No. 4, diluted acetic acid, began very quickly to turn red, and is now a deep red color, these reactions having occurred with the four menstruums selected for this experiment. Others might have beeen added with characteristics just as pronounced.

Let us first consider the extremes, cylinder No. 1 and cylinder No. 4. The mixture of the constitutents of these two liquids produced the black color observed in the black beech leaf, that abstracted by alcohol being green, that by diluted acetic acid being red. The theory of the solubility of these substances, to the effect that the chlorophyl (green) of the leaf is soluble in alcohol, and the red coloring matter (unnamed) is soluble in the diluted acetic acid, is supported by the facts. Seemingly the green of the leaf is perfectly insoluble in the diluted acetic acid, and the red of the leaf perfectly insoluble in alcohol, the demonstration of which needs be established by further research, it being likely that traces of red are present in the alcoholic solution, and of green in the diluted acetic acid.

In contrasting the appearance of experiments Nos. 2 and 3, one would be struck with the apparent fact that these menstruums have neither dissolved anything from the leaf nor have been affected thereby. Let us, with the water liquid, make an experiment, which my assistant will now present, and which I believe will demonstrate that such a view is erroneous, and that a soluble colorless material has been taken from the same leaves that gave such different products with alcohol and diluted acetic acid.

My assistant pours the water from this cylinder (No. 2) into the beaker he holds in his hand, and drops into it a diluted solution of ferric chloride. Note that the liquid immediately turns dark, then black, demonstrating the presence of a something possessed of pronounced qualities. In connection therewith I will state that this material is a form of tannin, a substance that in some modification is present in practically all natural complexities of vegetable tissues and which has the quality of turning black with both ferrous and ferric compounds.

In No. 3 I ask you to note that for one-third the distance down it has become milky, this milkiness resulting from the presence of minute amounts of water, which has penetrated into the liquid and been precipitated as an emulsion. However, accompanying this water we have present fat and oil, both colorless, neither of which can be shown by a simple lecture-room experiment.

Conclusion.—Let us now rest this lecture with the conclusion, which I hope will carry the lesson proposed thereby. The demonstration is not intended to be spectacular or entertaining only, but to carry to you certain fundamental facts connected with plant pharmacy. The underlying features, in my opinion, are very essential to whoever begins to think in the direction of this very complicated subject, a summary of the problem before us being to the effect that the discrediting of fluid extracts as a class by the physicians of America, a fact apparent to all thoughtful pharmacists as well as physicians, is due, in part at least, to the neglect of research opportunities such as are herein introduced, as well as to the illogical attempt to embrace in a single menstruum antagonists that refuse to associate even in the plant. Such as these not only have no affinity for each other, but have antagonisms that, if forced into company with each other, result in the throwing of the weaker out of solution by the stronger, or in eliminating interlaced portions of both locked in mutual embrace.

PART SECOND.

It will be noted that in one phase of my remarks, referring to the green of the alcoholic menstruum and the red of the diluted acetic acid, I suggested that possibly some red was carried in the green, and some green carried in the red. This problem has beeen taken in hand by my assistant, who placed solutions thus made in the hands of Prof. C. C. Murdock, Cornell University, for spectroscopic examination. The results in his own words, are as follows:

Beech in Diluted Acetic Acid (No. 4).—"Lets through all colors to some extent, even when the solution thickness was one-half inch."

Beech in Alcohol.—"Lets through the red, yellow and green in almost normal amounts. The color is due to the fact that the blue and violet are very highly absorbed."

As intimated in Part One of this paper, it will be noticed that the red liquid carries some green, and the green liquid carries some red, thus showing that the line of cleavage is not sharp.

As a further application of this theoretical, rather spectacular lesson, we will introduce a subsequent line of very striking experiments which will now be presented. [It is sufficient for a separate article, which will follow.—Editor.]

RELATION OF TEETH TO FACIAL AND MAXILLARY DEVELOPMENT.

DONALD S. MORRISON, D.D.S., ATLANTA, GA.

Comparative anatomy proves that the face passed through long series of developments. That many different influences were brought to bear, and among them the teeth must not be overlooked. Teeth of a certain form and shape called for maxillary and cranial bones accordingly. The

bones of the jaw and head were shaped to conform to the kind of teeth the animal possessed, and the teeth to the character of food.

The anthropoid ape shows his near relation to man in this respect, but differs in the relative size and position of the cuspids, which were used for warfare. Man, having developed more cranial space and greater dexterity with his hands and fingers, no longer needed this elongated cuspid for warfare. His diet became more varied and he used a stone instead of his cuspids for opening cocoanuts. Eventually man came to his present denture with facio-maxillary area to match, Comparisons of the skull of our present age with that of the Heidelberg jaw and Atez skull show that the prehistoric man somewhat differed from our present maxillary structure.

This brief review is to show that the teeth and the face did not just happen so but were moulded by environment and usage. Now I wish to show how the same is true histologically. Orthodontists have generally accepted the theory that normal facial outline and facio-maxillary development is found only when the teeth assume and maintain their normal position in the line of occlusion.

This leads to the question, What are the forces or factors that cause this normal development? They are normal cell metabolism, muscular pressure, atmospheric pressure, force of the inclined plane of the cusps of the teeth, normal approximal contact, harmony in the size of the arches.

With normal cell metabolism we find the full complement of teeth, or rather their epithelial buds lying within an infant's jaws. With normal functioning, lime salts are deposited at the periphery of the tooth germ and the calcified tooth erupts and an alveolus is formed about it. It must be remembered that the jaws are shaped by the eruptive force of the teeth together with muscular and atmospheric pressure. So the deciduous set makes its appearance and as a rule is normal in number, shape and position. Let me call your attention to the fact that little children have the most symmetrical faces we see for at the age of 3 to 4 the many things that mar the facial outline have not appeared. And it is usually the time when later deformities start. Dr. Milo Helman has prepared a chart showing the results of examining thousands of children of all ages and that from 3 to 4 the greatest per cent. are normal.

Now abnormal functioning prior to birth and during the early years leaves its tragic mark. We are constantly going back to the time of infancy for the cause of many puzzling facio-maxillary deformities. Rickets before birth or after usually leaves a peculiar deformity caused by the lack of lime salts. The teeth erupt late and are lost soon; the bone is soft and muscles of mastication warp it.

The question of infant feeding is within the scope of this paper. It is not my purpose to go into the chemical and physiological side of infant feeding. It is generally understood that mother's milk is the only proper diet for a baby. Cow's milk was intended to develop the intestines of

a calf, and the digestive apparatus of the human infant calls for its natural diet. Some one has said, "As soon as a child is weaned from its mother's breast it becomes dependent on economic environment." This war has demonstrated how little children suffer from malnutrition. That is a study in itself.

I wish to call your attention to the mechanical side of infant feeding. It is well known to you how a baby works to draw its daily fare from its mother's breast. The mother holds the baby and its every muscle works to do its part. As she grows tired and the arms relax, the baby has to hold on that much tighter. Every nursing gives ten to thirty minutes' exercise to the entire masticating as well as the tongue and deglutition muscles. Muscle and bone are built and strengthened by exercise. Salivation is another important item, but I need only mention that mastication and salivation go hand in hand.

Now observe the bottle feeding. The best design is the poorest kind of a substitute. There are many that are absolutely pernicious. The best type is the large bottle variety with soft rubber breast and nipple. Now the question of heat, sterility and chemical constituency is not to be considered in this paper. The baby's mouth is opened and this rubber nipple thrust in. The bottle is elevated, and with but little effort the milk runs down the little fellow's throat, the only care being not to strangle the little fellow. Perhaps the nurse gets tired and soon the weight of the bottle and sometimes her arms rests on the baby's chin. There is no opportunity for mastication or salivation. Then in a few years, if the baby lives the mother wonders why her darling has such an undersized chin, and is so annoyed with throat trouble. A little later an orthodontist has to be consulted, as little Willie "tuck after his papa's side." The use of the bottle for feeding is physiologically wrong and should be used as a last resort. For by its use the maxillary bones are malformed before the teeth erupt.

As the teeth begin to erupt there is another force brought to bear on them. The muscles of the lip and cheek on one side, the tongue on the other, guide the teeth into their normal relation. You have all seen baby teeth erupt out of line or torted, when the muscles played over them were lined up. Now anything that breaks into this normal muscular action will interfere with the proper alignment of the teeth.

Unfortunately, there are several devices and habits that disrupt this normal muscular action, the first and most vicious being the pacifier. The inventor of that appliance should be hung as high as Haman. Of all the crimes committed under the name of treatment, for a sound-minded physician to tell a mother to stick one of these abominations into a baby's mouth every time it cries I consider one of the worst. Why, you have all seen the proud mother and her child, with the ever-present pacifier dangling on a string like an Englishman's monocle, ever ready to cram into the infant's mouth at the first alarm. If a doctor could

think of nothing better for my baby when he is sick and crying I would hunt another one. We all consider hair-lip or cleft palate a terrible deformity, yet I have seen cases resulting from the use of a pacifier that were ever bit as disfiguring. I urge you, gentlemen, to use your influence against this most prevalent evil.

Similar in its action is the habit of thumb sucking. A most dirty and unfortunate habit, which if persisted in during infancy is very hard to overcome and leaves a very disagreeable disfigurement. I treated a young lady sixteen years old, whose mother told me that in her sleep her thumb would find its way to her mouth. Psychotherapy, together with orthodontic treatment, must be used with these cases, for unless the habit is broken the treatment is of no avail. I will state in passing that breaking this habit and correcting the irregularity changed her whole view of life. From a dull, recedent, backward child, she has changed to a happy, studious, normal child.

Now a habitual user of the pacifier or a thumb sucker will have an opening just that size or larger between his upper and lower teeth. The upper teeth tend to stick straight out and the lowers are depressed lingually, giving a receding chin. The lower lip rests in this opening when the thumb or pacifier is out, thus keeping up the evil work. The upper lip cannot begin to cover these protruding incisors, that look like they could bite a watermelon through a rail fence. In repose the face is bad enough, but when the individual tries to smile or speak—well, you wish he wouldn't. Associated with this we often find nasal stenosis, with all its accompanying evils of nose and throat trouble.

Atmospheric pressure plays an important part in the development of the arches. By normal atmospheric pressure is meant the atmospheric relations or conditions which exist in the nasal and oral cavities during normal breathing and the changes which occur in deglutition and when speaking. [Dewey.] With the lips closed, and after swallowing, the soft palate is in contact with the posterior portion of the tongue, and a vacuum is created between the center of the tongue and the center of the roof of the mouth. As a result of this the air from the nasal cavities makes a downward pressure on the floor of the nose, and becomes a factor in the downward development of the roof of the mouth. The air pressure is also exerted on the soft tissue beneath the chin, namely, the muscles running from the mandible to the hyoid bone, and the soft tissues are held in place or pushed upward, which gives a square chin that is present in the normal breather and is not found in the mouth breather. The mandible is also held in place by this atmospheric pressure, as a result of a vacuum created between the tongue and the roof of the mouth, and is not held in position by muscular action of the elevators, of the mandible, or the muscles of mastication, which can be proved by the simple experiment of separating the lips and breathing through the mouth and noting the difficulty in keeping the mandible in position.

If the individual breathes through the nose, with each inspiration and expiration a pressure is exerted on all sides of the nasal cavity. Not only is a pressure exerted in the nasal cavity, but it is also produced in all of the nasal sinuses. As a result of atmospheric pressure the nasal cavity is developed to its proper size, consequently this pressure plays an important part in the development of the dental arch. In normal breathing, the proper action of the muscles of the lips, cheek and tongue is present, which results in proper muscular pressure. With loss of normal breathing, muscular pressure is disturbed, causing two factors of occlusion to be perverted.

The pressure of any obstruction in the nose or throat will impair nasal breathing and leave its mark on the maxillary bones. It is the duty of the dentist to call the parents' attention to the possibility of throat troubles whenever he sees the tell-tale symptoms. And permit me, gentlemen, to state that it is the duty of the nose and throat man who removes adenoids to advise the parents to have the mouth examined by a competent dentist or orthodontist. How many times have I examined children who showed the effects of mouth breathing, and when I asked the parents if the child ever had throat trouble, have them answer: "Oh, yes! but we had Dr. So-and-So remove her adenoids two years ago." Removal of the cause in this case does not remove all the disturbance, and ten or twenty years later the mouth would still show that during infancy the patient was a mouth breather. I insist that the treatment is only begun when the adenoids are removed. I will not treat a dental occlusion case until the throat is cleaned up. And physicians should urge that examination be made after removal of throat trouble.

If the orthodontist can treat these cases early enough, simple expansion is all that is usually required. But if the case is of long standing, then more complicated treatment is necessary, and in addition to expanding, the lower must be shifted forward. This is why we insist on early treatment. It is not my purpose to burden you with treatment and prognosis in orthodontic work, but I wish to digress for just a moment in discussing mouth-breathing conditions.

These are easily recognized by the protruding upper incisors, underdeveloped chin, narrow high vault and constricted nares. The patient gices a history of adenoids and often complications of ear and eye trouble. Just how this happened is hard to determine; we dentists point to the adenoids as the cause of mouth breathing and the mouth breathing for the other deformities. I have heard competent men say that the narrowed arch caused nasal stenosis and mouth breathing, and the cold, unstrained air initiated the adenoid tissue of the pharyngeal tonsil. And, again, some men turn to the ductless glands as a primary cause. I can not agree with the latter theory, but undoubtedly certain of the ductless glands are affected, namely, the thyroid. At any rate, we have what is called the vicious circle—adenoids, mouth breathing and nasal stenosis. Permanent and thorough treatment must care for each one. Surgically

the adenoids can be removed, and also can the maxillary suture be opened surgically, but such a plan of treatment is inadvisable except in emergency cases. The maxillary bones can be spread to their natural shape in a slow, physiological manner by mechanical pressure. And what is necessary to the retention of the upper is the shifting forward and developing of the lower to its normal relation with the upper. With this increase across the floor of the nose will come greater space and the mouth breathing can be overcome. The proper care and treatment of these cases is most pleasing, both for appearance and for better mental and physical condition.

I have now disposed of the conditions that physicians are directly concerned with in the development of the child's face and jaws—normal cell metabolism, muscular pressure and atmospheric pressure. Now in discussing the next three factors—force of inclined planes of cusps of teeth, normal approximal contact and harmony in size of arches—I must digress to explain certain things that are self-evident to the dental surgeon.

As each tooth erupts and grows into occlusion, normally it will find its opposing tooth and the cusps of the upper will fall into the pits of the lower, and vice versa. But if for some reason the cusp does not strike its fellow in a normal manner, it locks in that abnormal relation and causes further trouble. This is one reason we wish early treatment of irregularities to prevent abnormal locking cusps.

The teeth are arranged in the arch as stones in an arch of masonry; each one supports and strengthens the other by approximal contact with the other teeth in the same arch. Now if decay occurs between teeth, the adjoining teeth tend to close up this space. This is especially true in deciduous teeth, as their cusps are not so long as the permanent. In that instance, if such a condition occurs and is not remedied, the permanent arch will be crowded just to that extent.

These deciduous teeth must have as careful treatment as those of the adult. Unfortunately, we dentists do not have the opportunity to tell mothers the value of preventing trouble with their children's teeth. And too often it is only when dire pain besets them and the toothache of the child becomes troublesome to the parent that we see the little patient. Parents must be educated from the idea that the dentist for about half the usual fee can put something in that will keep the sleeping lion quiet. The dentist should get twice what he charges adults, and then he is underpaid if he does his work correctly. For a matter of a few dollars we allow children to suffer as we ourselves would not. Gentlemen, it is a crime for a child to have the toothache. At whose door it rests I can not say, but I hope the next generation will see children's dental clinics as popular as our hospitals and a more intelligent understanding of a child's dental needs. To you who treat children's teeth let me urge you to restore approximal contact and to preserve the deciduous teeth until the permanent teeth are ready to erupt.

The last factor is harmony in size of arches, and means every tooth present and in proper relation to the teeth of the same arch and to the teeth of the opposing arch. Of course, if decay wastes some of the tooth structure and it is not restored, inharmony in the size of the arches will occur. Sometimes we find teeth missing and sometimes supernumerary teeth; these always cause inharmony in size of arches and are very annoying to treat. But the most fatal thing is extraction.

There was a day when every family doctor carried a rusty forcep or two in his bag. And many teeth were sacrificed unnecessarily in those days. Those days were no worse than the last craze for the extraction of teeth that we have passed through. I say passed—perhaps I should say are passing. In the words of the poet, "A little knowledge is a dangerous thing." So ambitious and well-meaning men have gone off at a tangent and blamed every ailment from falling hair to ingrowing toenail to the teeth. In fact, when in doubt extract the teeth has been the motto. Our profession, gentlemen, is one that will always see you and raise—a howl. And so the public generally has lost many thousands of teeth that should have been saved.

There are cases, and always will be, where extracting and curetting is indicated, and the effects will be beneficial to the entire system. But, gentlemen, that is no new theory, it is merely that we now understand better the modus operandi of it. Until these recent investigations of secondary infection we extracted teeth empirically. But in the future we should profit by the interest and help of the medical profession and extract rationally. From this general statement on extraction let me urge especial care and discretion in extraction of children's teeth, both deciduous and permanent. More irreguularities of teeth are caused by early loss of deciduous teeth than by any other cause. If a deciduous tooth is extracted before its successor is ready to erupt, the space should be preserved with an appliance till it does erupt.

Above all, preserve and care for the six-year molars, the first permanent teeth to erupt. They erupt, as you know, before the deciduous teeth are lost—come in behind them. They are the connecting link between the deciduous and adult set.

In conclusion, I beg you to remember the mouths of the children and resolve that they shall have the best. For in doing this you will have achieved one of the greatest things in practice—preventive medicine.

References.

Lectures and books of Martin Dewey, M.D., D.D.S.; Milo Hellman, D.D.S.; William K. Gregory.

CHOLECYSTECTOMY AND CHOLECYSTOTOMY.

E. B. Shewman, M.D., Cincinnati, O.

The gall bladder is situated on the under surface of the liver, and varies in size and shape in health as well as in disease. It is partially

covered by peritoneum and protrudes downward into the peritoneal cavity, the fundus extending below the margin of the liver. Normally, it is from three to four inches in length, made up of peritoneal, muscular, mucous and sub-mucous coats. The capacity of the gall bladder is about one ounce. The normal secretion of bile averages one ounce an hour, or twenty to thirty ounces in twenty-four hours. The mucous membrane of the gall bladder being supplied with a large number of glands, which secrete a large amount of mucus, this having the function of diluting and giving volume to this bile, its capacity being so small, holding one ounce normally, and as there is a secretion of twenty-four ounces or more in twenty-four hours, the amount that the gall bladder would hold is of very little significance in a functional way.

There has been considerable discussion pro and con as to whether the gall bladder plays an important part in the function of the alimentary canal, or whether it simply acts as a ball valve to aid in the continual flow of the bile into the duodenum. It is also a fact that many of the lower animals have no gall bladder, but to compensate for this loss of a large area of mucous tissue, it has been found that those animals have a large common duct. Personally, I am inclined to believe that the gall bladder is about as useful as the appendix, Meckel's diverticulum and the mastoid process.

The blood supply of the gall bladder is received through the cystic artery, a branch of the hepatic artery. In a few types, we find that the gall bladder is completely covered by peritoneum, and that it is not intimately adherent to the under surface of the liver, but swings from the liver like a pendulum. A few of these cases have given rise to some torsion of the gall bladder and produced a severe colic. This, I think, should be termed "gall bladder colic," in contradistinction to "gall stone colic."

The cystic duct is about one inch to one and a half inches in length, and in a normal condition will admit the passage of a number five catheter. Where it is diseased and swollen, it will not admit of the passage of a very small sound through the canal without injury to the structure.

The hepatic duct is from one inch and a half to two inches in length, and is made up of branches from the right and left lobes of the liver and is somewhat larger in calibre than that of the cystic duct. These two ducts unite to form the common duct, which is about three or four inches in length and empties into the third part of the duodenum.

Gall-bladder disease may include several types. Acute cholecystitis is caused by either bacterial invasion such as typhoid, colon bacilli or other bacteria; also due to catarrhal conditions of the intestinal tract which involve the common duct, frequently producing a cholangitis, and by ascending through the duct finally reaches the gall-bladder by way of the cystic duct and produces an acute inflammatory condition. This is characterized by severe pain in the upper hypochondrium, some rise in

temperature, never very high, but reaching occasionally as high as 102 and a fraction, tenderness, rigidity of the upper right quadrant of the abdomen, nausea and vomiting. Vomiting in these cases is usually first the contents of the stomach and then followed by bilious vomiting. In the ordinary acute lesions this condition lasts for two or three days and then gradually subsides and the patient returns to a normal condition.

Chronic cholecystitis is simply a repetition of the previously described condition. After repeated attacks, there may be tenderness, more or less rigidity in the region of the gall-bladder at all times. Pathological factors are such that there is a marked change in the structure of the gall-bladder, the walls becoming infiltrated with new fibrous tissue and thickened and of a low resistant formation so that they are very susceptible to repeated invasions. A large per cent. of the cases of chronic cholecystitis are due to gall stone disease or cholelithiasis.

Gall stones are usually the result of bacteria. They may be formed within the ducts and find their way into the gall-bladder or pass through the common duct and out into the intestinal canal. The normal habitat is the gall-bladder. They may also form about desquamated epithelium or hardened mucus within the gall-bladder. It is an evident fact that a large number of patients may have gall stones without any gall stone history or symptoms. It has been stated that only 25 per cent. of gall stones produce gall stone disease and that the other 75 per cent. give no disturbance and are found during the progress of some abdominal operation or at autopsy. This is especially true of large calculi that are too large to pass the lumen of the cystic duct.

In about 5 per cent. of the cases of gall stones that produce a very pronounced lesion of the gall-bladder and in which the stones are not too large to pass out of the gall-bladder, the patients have what is known as prodrome symptoms in which the pain is referred to the epigastrium and associated more or less with eating, in which there is marked evidence of so-called indigestion, eructations of gas, pain after eating, at no specified time, more or less uneasiness and heaviness in the region of the stomach. The patient also complains of an upward pressure against the diaphragm. There is no tenderness or soreness in the region of the gall-bladder, but practically all symptoms are gastric in character.

There may be an invasion of infection into a gall-bladder in which a number of large calculi are present and empyema of the gall-bladder occurs with all its severe symptoms. Calculi within the gall bladder unable to pass through the cystic duct may become impacted within the duct, interfering with the outflow of secretion of mucus and a so-called hydrops of the gall-bladder occur. This may be invaded by bacteria and acute inflammatory symptoms occur; accumulation of mucopus with great distention of the gall-bladder so that it may extend far out of its normal territory. I have seen one or two of these cases in

which the gall-bladder reached as far as one to one and a half inches below the level of the umbilicus and was drained through a lower abdominal incision. Again, unless the case is taken care of we may have a rupture of the gall-bladder. This does not occur very often owing to the fact that the structure of the gall-bladder is such that it has been claimed to be one of the firmest and toughest structures of the body. An ordinary gall-bladder when undistured will bear the weight of a person weighing one hundred and fifty pounds without rupture, but where the structure is greatly distended the vitality is interfered with and a tendency to rupture is of course more likely than under normal conditions, due to the friable tissue.

Tumors of the gall-bladder are very rare. Carcinoma is usually the result of a secondary lesion from either the stomach or duodenum and is usually found after an infiltration and invasion of the liver.

We have another type of gall-bladder that was given a considerable amount of attention a few years ago which is not so frequently found, but one that should be dealt with radically when found, and that is a so-called "strawberry gall-bladder."

What procedure to follow in the treatment of gall-bladder disease has been discussed pro and con. There has been a diversity of opinion as to whether a cholecystotomy or a cholecystectomy should be done. In acute cholecystitis medical treatment should supersede any surgical procedure, as a large per cent. of the acute types will respond to medicine and are not operative. Chronic cholecystitis requires surgical treatment. Those types that begin as a simple chronic lesion may eventually terminate in a suppurative process and are never medical, but always surgical.

Morbid conditions of the gall-bladder that have no tendency to a restoration to normal function should always be removed. In gall-stone disease with a subsequent pathology of the gall-bladder, a cholecystectomy should be the choice of operation. Impaction of the cystic duct is nearly always an indication for removal of the gall-bladder. Gall-stones found in the course of other operations within the abdomen in which there has been no pronounced symptoms of gall-stone disease and in which there is one or two large gall-stones without any pathology of the gall-bladder should have a cholecystotomy with primary closure of the gall-bladder and no drainage.

In cases of cholangitis, an interference of the common duct due to inflammatory process, a cholecystotomy is primarily the proper process. It is also indicated in drainage for the relief of pancreatic disease. In these cases the gall-bladder should not be removed. In the stricture of the common duct either at its outlet or some point along its course, the gall-bladder should be primarily drained and a duodenostomy performed to either dilate or amplify the opening of the common duct into the duodenum or for the purpose of dilating it along any part of

its course so as to institute proper drainage. Where the common duct is irreparably damaged then the gall-bladder can be anastomosed to the duodenum and drainage instituted by way of the gall-bladder into the bowel.

Cases of drainage of the gall-bladder with obstruction of the common duct in which the bile does not enter into the intestinal canal seem to grow weaker day after day and eventually die. Under these conditions, we have taken the bile from the drainage, diluted it and used it by proctoclysis and have received excellent results for the time being.

A gall-bladder with a long peritoneal attachment to the liver that may become twisted and produce colic should be removed. It is always well to avoid operating during the acute inflammatory stage if one can do so, if no emergency exists, as the interval or quiescent stage gives the best terminal results, but where the urgency of the case demands immediate action do not hesitate. Icteric patients, as a result of temporary obstruction, should be permitted to clear before operating, but if icterus persists then do not hesitate to remove the obstruction. Jaundice produces low coagulability of the blood and hemorrhage is more likely to occur afterwards. To counteract this, a few days preceding the operation the patient is given twenty grains of calcium lactate three times a day.

The technique has been a matter of more or less discussion and I firmly believe that each and every operation presents some condition that makes the technique a law in itself.

In cholecystectomy I have found the gall-bladder can be approached much easier, giving a better view and being able either to deal with the gall-bladder itself or any part of the ducts through a transverse abdominal incision just above the umbilicus, dividing one-half of the rectus abdominis muscle transversely and the upper fibers of the external oblique, internal oblique and transversalis muscles. This incision not only gives ample room, but is also easy of closure, which is not true with a vertical incision in the upper abdomen. Some advocate the Bevan incision. This is an incision that begins near the ensiform cartilage, passes downward and outward along the chondral border to about the middle of the rectus abdominis, when it takes a vertical line to reach below the umbilicus. Then if the excision is not sufficiently large, a downward and outward incision is made through the outer half of the rectus muscles to reach just beyond the outer border of the sheath. Personally, I do not think this incision is quite as good as a transverse incision.

I have been frequently asked as to the likelihood of having a ventral hernia following this incision. The chances of such are not any greater, in fact, not so likely to occur as in the vertical incision as the two ends of the divided muscle are brought end to end and a fibrous union occurs, making an additional linea transversus. It does not impair the

use of the musculature, neither does it divide more nerve structures than in the other incision. With the patient in the slightly raised position of the head and chest, this wound comes in perfect position without tension. The gall-bladder is now isolated, and in the removal of the gall-bladder the cystic duct is sought and a clamp put on not too close to the common duct. An additional clamp is put on and the gall-bladder divided between the two clamps. The peritoneum is divided down to the fundus. After the dissection is begun at the duct the line of cleavage is located and dissection is very easy. A ligature is thrown around the stump, the cystic artery is ligated if not caught in the ligature of the stump, and the peritoneal coat of the gall-bladder, which has been left attached to the liver is pressed down over the raw surface of the fissure of the gall-bladder or stitched over. One can either close the abdomen with drainage or without the placing of a tube. Occasionally cholangitis may follow with interference of the outflow of bile and a leakage occur from the stump of the cystic duct. To overcome this likelihood, I always feel that it is better to be on the safe side and put a drainage tube to the stump of the gall-bladder for a period of forty-eight hours.

Recovery from a cholecystectomy is more rapid than a cholecystotomy. If the patient gets along well he can be put out of the bed at the end of ten days and permitted to be around at the end of fourteen days. After a cholecystectomy one finds very few recurrences of any gall-duct disease. Gall-bladder and gall-duct disease re-occur more frequently following a cholecystotomy.

Summary: Cholecystectomy should be done in impacted gall-bladder, chronic cholecystitis, suppurative cholecystitis, gall-stone disease with a resulting gall-bladder disease; in malignancy of the gall-bladder and strawberry gall-bladder.

Cholecystotomy should be done in pancreatic disease and in those conditions of the gall-bladder that do not show any pathological changes of the wall of the gall-bladder. Therefore I believe that 70 per cent. of all gall-bladders should be removed. I am quite sure that the disease found within the gall-bladder will at least justify one in removing 70 per cent. of gall-bladders.

DISCUSSION.

Dr. B. E. Dawson (Kansas City, Mo.): I was very much interested in the paper. I have been on the operating table three times for gall bladder, and the last time had the gall bladder removed. With our perfected surgery it is surely easier than years ago. This is an excellent paper.

Dr. J. E. Holman (Indianapolis, Ind.): It had always been my idea until recently that the removal of the gall bladder produced a great deal of shock, judging from patients I had seen after the removal of the gall bladder. However, in the last six months we seem to understand how to get at the gall bladder. It is possible that one suggestion about putting your clamp not too close to the common duct, staying away from the common duct, has reduced shock and at the same time prevented stricture of the common duct

which would later give trouble. I would like the doctor to give us some report on the shock produced by removal.

Dr. H. H. Helbing (St. Louis): To my mind the diagnosis is the thing that interests most of us—to be sure that we have differentiated between gall bladder trouble and appendicitis. I have had cases brought to me by doctors who wanted me to operate for appendicitis, when a casual examination of the patient would reveal the fact that he had no indication of appendicitis, but the trouble pointed to the gall bladder. To my mind that is the need—education along this line among the profession generally. About a month ago a doctor called me to operate on a case of what he thought was gall stone. The woman had jaundice and pain over the gall bladder, and on examination we found the liver way down out of place and the heart pushed out of place. You could not move the liver, it was so adherent. Another case diagnosed as gall bladder, when I operated I found a floating kidney instead of a gall bladder. The anterior extremity of the kidney pushed against the abdominal wall. How is a fellow going to tell one from the other? I think we need to study closely our symptomatology in these different conditions and pay particular attention to the differential diagnosis of the case. I did not operate on the case of cirrhosis of the liver supposed to be gall stones. The paper is excellent, and there is nothing to say. His arguments are all conclusive and very thorough.

Dr. E. H. Stevenson (Little Rock, Ark.): I just want to relate an incident that came under my observation in the last year. I had a patient who suffered intensely with gall stones, and her physician had proposed an operation, but she refused. I was called to the case and told her an operation was advisable. She said she had heard that I gave medicine for gall stones—and of course I had—but I felt an operation was necessary in this case. But she wanted medicine, so I gave her compound cheledonium and chionanthus and trusted to Providence, and Providence came to her relief. Before a great while she brought me a quinine bottle filled with large gall stones, some as large as the end of my thumb. They had passed through the alimentary canal.

Dr. E. C. Aurin (Ft. Ogden, Fla.): Dr. Helbing spoke of the differential diagnosis between gall gladder and appendicitis cases. I had a case recently in which it was very hard to make a diagnosis between appendicitis and malaria. It had been diagnosed as malaria, but three laboratory examinations showed no plasmodia. I made a diagnosis of abscess, and fortunately for my reputation it ruptured.

Dr. Wm. P. Best (Indianapolis, Ind.): I would like to ask what is the relative value of X-ray examination in gall bladder cases? How dependable are X-ray examinations in the diagnosis of gall bladder disease?

Dr. J. W. Pruett (St. Louis, Mo.): I asked one of the best men in St. Louis that question a few weeks ago, and he said in some cases it was very good and showed the stones and probably the outline of the gall bladder, but in other cases it did not show anything. Some stones will show in the pictures and others do not make any shadow.

Dr. John A. McDonald (Century, Fla.): People suffering with this trouble suffer great pain, and one way to give them relief is to fill the stomach full of warm water, eight or ten glasses, and then give them a shot of morphine, about ten grains. In the last ten years I have treated three or four cases that have been pronounced ready for operation. I have seen in the Southern Infirmary in Mobile a woman who was operated three times in a year for this trouble. I used chionanthus compound and got magic results.

Dr. Smith, Mo.: I want to ask your opinion. A woman had an abscess

in her side and an Allopathic physician cut into it and got out a handful of gall stones,. Is it possible for gall stones to get through the abdominal wall and stay there until pus forms? I have heard of two cases of that kind that were treated that way.

Dr. E. B. Shewman: In regard to the shock following a cholecystectomy, I have had very few cases of shock. In the first place, the cases of cholecystectomy I did were in patients past sixty years of age; one was seventy-two, three of them were sixty-one, and the other two were around sixty-three or sixty-four. They made a recovery, and, so far as I know, are still living. The gall bladder is practically as easily removed as the appendix if you go at it right. If you go at it wrong, of course, there is danger. I think a great deal of shock is due to marathon surgery—those cases where you go in with a clean shave and come out with a beard, it takes so long to do it. That is what produces shock in a great many cases of surgery of the appendix or gall bladder, and nothing else. I remember seeing a man take out an appendix one time, and I thought the granulations would start before he got through. That kind of surgery has a large mortality. Decide what you are going to do and then go ahead and do it. Be sure you're right, then go ahead. That applies to surgery as well as to any other vocation in life. The gall bladder ought to be removed in twenty to thirty minutes without much trouble. Getting too close to the comon duct is one of the great causes of fatality. Too long manipulation of the structures causes great shock, especally the structures of the upper abdomen.

As to the differential diagnosis between gall bladder and appendix, I could talk from now until four o'clock on the surgery of the lesions on the right side of the abdomen, because there are twenty-seven different lesions there. I do not think it is so difficult to differentiate. The gall bladder is immediately under the chondral border, the rigidity is in the upper quadrant of the abdomen, and you can slip your fingers underneath the gall bladder. You cannot do that with the appendix. A large percentage of floating kidneys are in patients who are so thin—they have a gaunt, lean appearance—and principally in women; occasionally in men. If you have your patient sit up on the side of the table, have her take a deep inspiration, grasp just below the chondral border, and with your thumb anteriorly and fingers posteriorly make deep pressure, then have your assistant lay the patient down, you can readily isolate the kidney. If it is a floating kidney it is down below, over the brim of the pelvis or in the iliac fossa, and can be outlined very readily. That is the quickest way to diagnose floating kidney. We must investigate the kidney in appendicitis, because the kidney comes down back of the cecum and produces symptoms similar to appendicitis. We may have renal calculi, perinephritis involvement, a subdiaphragmatic abscess, and even right ectopic pregnancy. You must think of all these things.

Dr. Stevenson was fortunate. A good many quacks used to remove gall stones without the knife by giving eight ounces of olive oil with soda The next morning the patient would pass a large number of saponified balls which were supposed to be gall stones, and the patient got well.

If the gall bladder is adhered to the peritoneum, with necrosis of the peritoneum, it is possible for stones to get into the abdominal wall.

Dr. S. E. Vitou: Do you anchor the floating kidneys?

Dr. Shewman: I anchor all floating kidneys, and those I have anchored have gotten well. As to the value of the X-ray, we know that gall stones are made up of cholestrin, and this does throw shadow. There are only certain types of gall stones that can be diagnosed by the X-ray, and that is the type that has a cholestrin coverng around it. In the past ten years I have seen three X-ray plates that were positively diagnosed as gall stones. The expert

X-ray man today reads the diagnosis of gall stones by exclusion—he excludes everything else and then attributes the trouble to the gall bladder. About eighteen months ago some Eastern men were making a highly sensitized plate by which they claimed they were able to diagnose nearly 50 per cent. of gall stones. These were a series of plates, two or three or four, placed under the patient at the same time and the shadow thrown on all. It was claimed they could reach nearly 50 per cent. of gall stones. Dr. Lange, of our city, says he has been unable to diagnose that many, but they do aid him in the diagnosis of gall bladder dsease. The X-ray is valuable in the exclusion of other diseases. Sometimes it is misleading, and a man must know how to read his plates after he takes them.

NEURASTHENIA.

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Mr. President: Some twelve years ago I had the pleasure of presenting before this Association a paper on neurasthenia. I have since then realized how little I knew of this subject, and having since then devoted years to the theoretical as well as to the practical study of this very interesting disease, I may be excused for once more bringing this subject to your attention.

Nerve weakness and nerve exhaustion, as well as the different psychoses arising therefrom, are not new pictures, as they are conditions which have been associated with types of mankind from time immemorial. Medical writers covered this subject as early as the fifteenth century, and in their own crude way have tried to describe neuropathic nervous exhaustion, as well as the different neuroses and psychoses which are found to be associated with it.

It fell, however, to Bouchett and to Beard to group together the prominent forms of this disease and present to us what we today know as neurasthenia, a disease which is marked with more or less of a constant and ever persisting weakness and diminution of nerve energy, as well as with an increased reaction to mental and psychical impressions.

If we were asked to condense all definitions that were ever given of neurasthenia into one and to define it by two words, we would simply call it "an irritable weakness of the central nervous system," as the whole disease is accompanied with very little endurance and with a great deal of irritability. It is a functional disease which very rarely occurs before 20 years of age, or after 50 years, and is mostly limited to that period of our lives when all our energies are at full play and supposed to be at full power. Many writers claim that it is confined to both sexes in equal proportions. In my own experience, however, I found it more frequent in men than in women, and it occurred in my practice mostly in persons between the ages of 20 and 40.

We can say, as some other authors do, that neurasthenia is simply a collection of a great many symptoms of a great many nervous disorders

to come, or shall we say, perhaps, that it is simply a name given to a few distinct nervous groups, every one of which is well defined?

Shall we define it as a condition in which there is a steady, persistent diminution of nervous energy with an increased reaction to mental, physical and external impressions? Or is it simply an exhaustion of the general nervous system? Or is it, perhaps, a condition of irritability and weakness of the nervous system? Which appeals to you? In my estimation, if we consider neurasthenia as a nerve exhaustion of the nerve centers of the brain and cord, an exhaustion marked by depression, we strike at a correct definition of this disease. We can also add here that neurasthenia is just as well defined as is typhoid fever, with the difference that the existence of all the characteristic symptoms is not the rule. It is certainly a great mistake to consider all neurasthenic conditions as varieties of hysteria modified by the sex of the patient. To specify more fully we can say that we consider neurasthenia a disturbance of the peripheral nervous system—which can be compared to general paralysis, a disorder of the central nervous system.

Heredity plays an important part in this affection and neurasthenic parents, as well as the tuberculous, the alcoholic and the syphilitic, produce neurasthenics in nearly all cases. The children of such predestined children show at an early age excitability, nocturnal terrors, convulsive movements, and when they grow up have morbid impulses.

Race is another factor of considerable importance in the production of this disease. The Jews are very much predisposed to it. The French and the Russians are very close seconds, while the Germans seem to be least affected. In this country it seems to attack all races, which may, perhaps, be due to the peculiar nerve strain of our present day life, as well as the sharp competition found in every walk of life. Children who are born in the declining years of their parents are apt to be neurasthenic.

Among the exciting causes we may list overwork, both mental and physical, sexual excesses and sexual abstinence, physical and mental strain, frequent child-bearing, infectious diseases, emotional shock, autointoxication and monotony of an avocation will all produce neurasthenia.

It stands to reason, and it is easy to understand, that with vital energy already deficient, the stress of scarlet fever with all its grave disturbances will render the nerve cells more susceptible to exhaustion. Many persons suffering from digestive troubles of the chronic order are victims of neurasthenia, as debilitating effects of the digestive diseases conduce and induce nerve exhaustion. All sexual excesses or perversions, by their debilitating effects produce neurasthenia. Masturbation, whether practiced by the young man or young woman in the form of onanism, or by the married man in the form of withdrawal, the unnatural stimulation of sexual desire, all produce neurasthenia. Uterine and ovarian affections do not produce a true neurasthenia,

notwithstanding the great stress laid upon this by gynecologists of questionable reputation. Even organic affections of the uterus never give rise to neurasthenia and its symptoms.

Neurasthenia may also appear secondary to such diseases as Bright's, diabetes, gout, rheumatism, as well as after uremic and toxic states. Emotional mental factors such as worry, grief, fright, strain, sorrow, must not be overlooked in the etiology of this affliction. To sum up in general, let me say (and here I know that many writers will not agree with me): "The etiology of neurasthenia depends more upon the individual than anything else." If one is born with a nervous system more or less depleted, a system that is unable to maintain an even nerve balance between nerve accumulation and nerve expenditure, such a system must become bankrupt and the individual thereof develop neurasthenia. I am willing to admit that in some cases neurasthenia may develop in sound constitutions, but even in these cases some exhaustive factor has been at work for some time.

Clinical Forms.—To subdivide all forms of neurasthenia into distinct clinical forms is a matter of impossibility, just as impossible as to describe all types of neurasthenia which are met with in daily practice. I believe first in dividing neurasthenics into:

1. True neurasthenia.
2. Hereditary neurasthenia.
3. Hystero-neurasthenia.

And then I subdivide these three classes into:

(a) Cerebral neurasthenia.
(b) Spinal neurasthenia.
(c) Traumatic neurasthenia.
(d) Acute neurasthenia.
(e) Gastric neurasthenia.
(f) Circular neurasthenia.
(g) Hystero-neurasthenia.

But even with all these subdivisions we do not cover all the peculiar types that we may meet, and every once in a while a new form is encountered which could be placed in a new subdivision, but in all of them we meet more or less of the following phenomena: Moral depression and worry about things hardly worth while, or which have as yet not happened, compulsory ideas, and the ever present tired feeling.

Symptoms.—Among the very prominent symptoms which are found in nearly all of the cases are:

1. Neuro-muscular weakness.
2. Cephalalgia.
3. Migraine.
4. Rachialgia.
5. Insomnia.
6. Mental depression.

7. Neurasthenic heart.
8. Digestive troubles.
9. Ocular troubles.
10. Circulatory disturbances.
11. Mental agitation.
12. Ideas of compulsion and of anxiety.
13. A hypochondriacal frame of mind.

Burdened as he is with alteration of his physical life, the neurasthenic gradually loses his mental elasticity as well as his ability to work. He is tired of thinking. His will power relaxes and a peculiar dulling sentiment takes place. The neuromuscular weakness seems to cover many points in the life of the neurasthenic. He is tired of walking, tired of reading, tired of working, tired of conversing, tired of doing anything, and no matter how slight the mental or motor exertion may be it always results in only one thing—tiredness. If mental efforts are persisted in they soon become confused and the patients are unable to concentrate their minds. A very fine tremor may be found in the hands, tongue and lips which may be increased by exertion. The knee jerks are found to be somewhat increased in many cases, but if tested repeatedly for a few minutes very soon will become diminished. While tremor may be present in all degrees of development, convulsive contractions or attacks of convulsions and pronounced paralyses are absent and never exist in pure neurasthenia.

In general a marked diminution of strength is found in most cases and sustained effort is impossible.

Cephalalgia and migraine are very early symptoms in a coming neurasthenia, and may even show up in the very early life of the individual. I found these symptoms in about 68 per cent. of my cases, in the occipital region about 22 per cent., vertical 10 per cent., and diffuse about 2 per cent. The head pain may last for months and even years, very severe in the morning hours and then slowing up during the day. The cephalalgia may be limited to certain portions of the head and is increased by any physical and mental effort. The so-called "lead cap headache" is very common. Sensations of water or wind running under the scalp are common with the above. With the headache there is also a feeling of constriction, as if a tight band is drawn about the head and a senseof pressure on the top of the head.

Rachialgia.—Pain in the back is a sign that is present in nearly all of my female cases, increased in its severity by the slightest motion, a sign which is very often confused with rheumatism in men. Along with this pain are areas of tenderness all over the spine. I consider backache a fatigue symptom. The small of the back is the usual seat, though it changes its location in many cases. Pains in the neurasthenic are also found in the upper cervical spine, at the waist line and at the top of the sacrum.

Insomnia is present in about 80 per cent. of all the cases of neuras-

thenia, dyssomnia in about 5 per cent. and undisturbed sleep in about 15 per cent. Insomnia of the neurasthenics is a very troublesome condition. We meet two forms of insomnia, which may be either due to the sensations that torment your cases or to the over irritation and relacation of the activity of the brain in general. In some cases the patient falls asleep soon after retiring, but after two or three hours awakens and tosses restlessly till morning, when they will arise all tired out and irritable. Some of the other cases will lie awake and can not go to sleep, listening to the beating of their hearts and suffering from imperative ideas, and if sleep comes it is of very short duration towards morning. In many cases the insomnia forms the center of the neurasthenic symptom complex. The fear of insomnia may be considered as the chief reason for the actual insomnia.

Mental Depression.—The ability to sustain prolonged mental effort is very much lessened. Lack of concentration, confusion and loss of memory results. There is distinct disinclination to think and a marked desire to avoid as much as possible any mental labor in order to avoid the mortification arising from the loss of memory and the inability to concentrate the mind. All of this brings the psychical depression with its associated ills and aches. The mental depression is constant in many cases and is very difficult to overcome.

Cardias palpitation is often associated with gastro-intestinal disturbances. There may be a feeling of heaviness and discomfort in the epigastrium after eating, acid eructations, flatulence, nausea and even vomiting. Nervous indigestion is a common feature of neurasthenia. I found stomachal indigestion, intestinal indigestion, severe constipation, loose or regular stools, mucous diarrhea, mixed and intermixed in my cases. Attacks of acute intestinal indigestion are frequent. Icterus may follow. I have seen nervous diarrheas with frequent watery discharges in many of my cases.

Ocular Symptoms.—We may have a transient congestion of the conjunctivae in the morning hours, and have it entirely gone in the afternoons, though a feeling of weight and heaviness will remain in the eyeball and lids. The pupils may be moderately dilated and react to light and shade with great rapidity. The eyes tire easily and even brief use for reading or such other fine work will produce a blurring and confusion, a vertigo and headache. Rosenbach's sign, consisting of a fibrillary twitching of the orbicularis, is present in many of the cases. A great many neurasthenics upon awakening find it impossible to raise the eyelids without the assistance of the fingers. This is known as Gower's night ptosis. This may also happen if they awaken during the night, the ptosis of Weir Mitchell. You may even encounter a photophobia of such intensity as to be obliged to keep your case in a dark room, or wearing colored glasses. Some neurasthenics have constant small specks before their eyes; others see irregular lines, or some such small objects as animals, insects, etc. Changes in the visual fields are possible, and

transient narrowing may be found. Neurasthenic asthenopia of a high and oscillating degree is found quite often.

Hearing, taste and smell suffer in a similar manner as the eyes. Tinnitus aurium is found often and hyperesthesia of the auditory nerve causes very much suffering. The patient starts at the slightest sound; he seeks seclusion to avoid this irritation. Taste is very much disturbed and all things may taste alike to the neurasthenic, or the taste may become and persist to be disagreeable.

I will not devote much space to the description of the disturbances of the circulatory apparatus. I mentioned some previously and will only add here such signs as pallor of the skin, sluggish circulation in the extremities, clammy palms, the peculiar pulse—signs that are all so well known.

I will now bring before you the most important phenomena of neurasthenia, the mental disturbances, all of them showing mental weakness and irritability. A large number of neurasthenics are dominated by one idea—that they are about to be attacked or have already been attacked by some serious organic disease. They will surely get an apoplectic stroke, or consumption is about to lay them out, or they have positive signs of spinal disease, etc. The anxious ideas may not always be exactly around the patients themselves, but may be concentrated around the patients' relatives. Their husbands, their wives, their children will surely become sick, or something is about to happen to them, etc. Then again these ideas may be concentrated about external objects, hence you get the agoraphobia, the fear of being in the open space; claustrophobia, the oppression felt in a closed room; anthrophobia, the fear of coming in contact with one's fellow beings, men or women; monophobia, the fear of solitude; pathobia, the fear of becoming diseased; zoophobia, the dread of animals, and so on too numerous to mention. Most of them will become introspective and develop nosophobias; causeless fear and apprehension dominate the neurasthenic. He suffers from it at all times. It is with him day and night and if the phobias finally reach a stage where they dominate your case then you get a psychasthenia.

Insomnia, an early and frequent symptom, helps the general unrest and horrible dreams persist. As neurasthenia is found frequently in full-blooded and corpulent individuals as well as in the frail, thin and anemic, some question has been raised as to the direct influence of neurasthenia upon the general body nutrition. Neurasthenia exerts a positive effect upon the patient's nutrition and vitality, and the large amount of phosphates found in the urine of the neurasthenic shows it. There is a defective metabolism in all neurasthenics. The urine is scanty, uric acid increased and an excess of indican. In fact, in many of the cases the urine, saliva and perspiration are very much diminished, though in a small number of cases it seems to be increased. Night sweats may occur.

Spinal neurasthenia, or, as it is sometimes called, the "female neurasthenia," you will find most frequently in women; the pain is very prominent in this variety. The hands and feet are cold, the patient is peevish and irritable, the menstrual flow disordered—and it is in this form as well as in the circular form that I have noticed alternations of depression and excitement, which seem to occur without intervals. Here you will also hear from the patient that her limbs die, go easily to sleep when overlaid or when otherwise pressed upon. Even the tongue is quite often the seat of strange, numb sensations, whereby the patient has fear of cancer and so on. Here also we must not overlook the peculiar pains in the back, those dull pains in the upper dorsal spine and across the pelvis, as well as the very acute and mostly inextinguishable pains in the region of the coccyx. In this same variety there have also been observed several cases with special manifestations in the mouth. These symptoms ranged from tactile oversensibility of the teeth and hyperesthesia of the dentine and mucous membrane—to severe trophic troubles, capable of modifying the tissues themselves and causing pronounced disturbances.

The Cerebrospinal Form.—This is a combination of the many symptoms found in both the cerebral and spinal types of neurasthenia.

The gastro-intestinal form of neurasthenia deserves a few special words. In this type of neurasthenia we find a very slow digestion, often taking from six to eight hours. While in some other cases of this same form the food leaves the stomach too quickly, and it is in this particular variety that I have noticed special respiratory troubles, such as a cough, dyspnea, and in some cases even hemoptysis.

The bowels of these cases are rather peculiar; they are often loose, sometimes constipated, not rarely they are irritable and diarrhea will co-exist with constipation, and this perhaps brings us to not an altogether wrong conclusion, that some union, some relationship or alliance must exist between membranous colitis and neurasthenia.

The cases of gastro-intestinal neurasthenia are of the melancholic variety and associated with this form we find also a lithemic form of neurasthenia due to the presence of certain incomplete hepatic products in the blood, some motor disturbances, a generalized vasomotor paralysis.

In some of the other cases there may be extreme emaciation and willful, persistent refusal of food; then again there may be a special craving for certain articles of food only, or some very plain, ordinary food will produce acidity, flatulence and even pain. Examination in quite a few of the cases showed a marked lack of HCl.

A word or two about sexual neurasthenia. This develops mostly in persons who have practiced masturbation and who by reading or by their own reflection have fallen into the most exaggerated anxiety as to the supposed evil consequences of the vice. These cases usually fear that they are affected with some incurable brain disease, or some grave spinal affection and suffer accordingly from a number of subjective correspond-

ing symptoms and in many cases from a "psychical impotence," an impotence which depends merely upon the mental state of the patient. In men we find frequent nightly emissions or premature ejaculations when sexual intercourse is attempted, incomplete erection, absence of pleasurable sensation. Spermatorrhea may be present or imagined. The female cases suffer from involuntary orgasm at night and sexual weakness. They may have pains in the pelvic region and ovarian tenderness without ovarian disease. In some women an actual disgust against intercourse is developed and at the same time they are troubled every night with orgasms accompanying most peculiar erotic dreams. In some of the sexual neurasthenias a complete prostration will follow after any act of coitus. More often we find that sexual neurasthenics are sexual perverts; the sense of decency is either offensive or even entirely lost. The patient takes special pleasure and delights in describing and discussing their perversities in the most minute details, they dream of sexual matters, they think of sexual matters, of sexual secret disorders. They have sex on the brain. These cases, all of them, seem to experience a very peculiar heavy weight in the pelvis, or a coldness in the same region. Some of them will often complain of impotence, real in some of them, imaginary in others; they will masturbate mentally, bringing into image the most sensual pictures. Some of these fall into melancholia and exhibit a suicidal tendency. They complain of bright dreams, pollutions and faulty coitus. These patients suffer very much from neurasthenic cepahalalgia (and perhaps I may mention here the difficulty of differentiating betweeen neurasthenic cephalalgia and the premonitory cephalalgia of specific encephalopathia). The latter is always intense and agonizing and has the peculiarity of usually recurring in nocturnal exacerbations, while neurasthenia cephalalgia, on the contrary, is almost exclusively diurnal and is more of a painful sensation than an actual severe pain. The duration of the trouble is in itself significant, and a cephalalgia having existed for months or years should be regarded as neurasthenic.

While impotence is present in quite a few cases of sexual neurasthenia, you will find a number of cases of sexual neurasthenia where sexual activity is fully retained. There may be premature and incomplete erections, or it may occur at the slightest provocation, a thought, a touch even of the clothing will produce emotions, sometimes an absence of pleasurable sensation, or an involuntary orgasm (in women). The patients usually fear that they are past all human help—that some disease of the brain and cord is about to appear. Pelvic pains and genital sensitiveness or hyperesthesia are present and prevent intercourse. Premature erection may occur during the day as well as at night, combined with a feeling of lust, often with sensations of disgust and some pain which may last for hours. Erections are especially frequent in those men in whom sexual neurasthenia is due to local genital disease of a

gonorrheic nature. A large number of sexual neurasthenics are affected by deficient libido; they are more or less potent, have power, but do not desire, while in other cases they have no dsire nor power, as well as a few "who do desire" but have little power. Among the other minor forms of neurasthenia of some interest are the malarial form, which is principally characterized by psychical, amyosthenic and vasomotor disturbances and which come on suddenly. It often does not follow a regular course. It disappears, only to come on soon after.

Of late years, since we have acquired the Philippine Islands, we have found a new form of neurasthenia, tropical neurasthenia, which is caused by the direct effects of the actinic rays of the sun, and the effect of continuous and moist heat. The humidity as well as the heat cause an abnormal dilation of the cutaneous capillaries and a consequent ischemia of the deep lying organs, hence vertigo and faintness are very common in tropical neurasthenia, especially in women. Moreover, large men with relatively less skin surface are less liable to resist the heat than men of small stature. Blondes are also more susceptible to actinic rays than brunettes and large men, and those having stomach disorders and thus suffering from headaches will get tropical neurasthenia. Statistics from the Philippines show that more white men were incapacitated from tropical neurasthenia than from all other causes combined.

A correct diagnosis in neurasthenia is very important. Every case must be submitted to a thorough, repeated, complete and methodical examination and other diseases excluded.

Paretic dementia should not be mistaken for neurasthenia. The age of the patient should be taken into consideration. If the picture of symptoms started before the thirty-fifth year in a neurotic in whom there is no history of syphilis or alcoholism or masturbation and the breakdown is sudden, not gradual, the indications point to a cerebrosthenia. The loss of memory, tremor of the facial muscles and tongue, unequal and Argyl Robertson pupils, and a feeling of well being will show you the way to a correct diagnosis. Neurasthenics do not make the gross mistakes of the paretic; the days and years are not given wrongly and the numerous phobias of neurasthenia are unknown in the paretic. Epileptiform and apoplectiform seizures are common in paresis and absent in neurasthenia.

While it may be often impossible to draw a sharp, well defined line between neurasthenia, hysteria and nervousness, yet it can be done in many instances. Hysteria may be distinguished by such signs as convulsions, areas of anesthesia, contractures. In other of the milder types of hysteria the globus hystericus and other well known hysterical stigmata will show the way. Palsies and complete loss of control and actual amnesia are the property of hysteria and not neurasthenia.

The early stages of melancholia may resemble neurasthenia yet will differ in many other ways. The marked depression, the more marked

insomnia, refusal to eat, the presence of some delusions and suicidal impulses all show the road to melancholia. Hallucinations are not found in simple neurasthenia.

To differentiate from tabes dorsalis should be easy, yet mistakes are made. In the spinal form of neurasthenia we may find the lancinating pains in the lower limbs; we may find the gastro-intestinal crises; we may find the weakness of legs and yet if there are no oculo-motor symptoms, and if there is no optic atrophy, and if there is no diminution of the deep reflexes, if there are no anesthetic patches, if there is no actual loss of power we will not diagnose a tabes.

The presence of exophthalmos and large thyroid and an extreme tachycardia will distinguish the exophthalmic goitre, so that no mistakes can be made there.

The psychoses of neurasthenia are important. Maniacal states are rare. Melancholia is a frequent complication. The ordinary symptoms of simple melancholia will intermix with the symptoms of neurasthenia. Actual stupidity may be found in some neurasthenics.

Treatment.—In all my experience I have found no other disease which presented so many difficulties in its treatment as neurasthenia. To treat this disease you must understand psychology. You must be able to read (so to say) human nature and you must be able to analyze all the peculiar and odd features presented by each case. Without the above accomplishments and unless you have a powerful will and a mind strong enough to influence other minds your success in treating neurasthenia will prove to be a failure. The peculiar anxiety, the fear, the worries, the apprehensions, the morbid ideas, the insomnias, the perpetual unrest can not be overcome by medicines alone, and in no case will the same measures be found successful. Each case must be studied by itself and careful consideration paid to all its own peculiar phases.

I use suggestion, I use hygiene, I use dietary measures, I use moral and medicinal measures I use hydrotherapy, I use balneotherapy, I use electricity, I use climatology, I use exercise, I use discipline and any number of other measures.

It stands to reason that the home surroundings of each case must receive your attention. The water, the toilets, bathrooms, bedroom must be in first class order. Without this the treatment is difficult—even impossible. Bathing is important at stated hours. Showers, cold sponges, as well as the plunge bath, are often called for. While warm baths are used in some few instances, and in many cases with good effect, yet in others they seem to increase the cardiac palpitation and prodouce very unpleasant sensations in the head. I have seen a cold douche along the spine given on arising produce a great deal of vigor, and I have seen a cold douche along the spine produce a break-down. I have seen a five-minute hot bath taken before retiring give a good night's rest, and I have seen the same five-minute hot bath produce a complete insomnia.

The method of using water in the treatment of neurasthenia requires study and varies with each individual. There is no fixed prescription for it. For the average depressed neurasthenic cold ablutions, followed by a brisk rub-down, are very useful. We either use the shower or we use the sheet method. The cold pack is useful in neurasthenics working under mental excitement, or in those who are restless with erotic tendencies. The loss or addition to the weight of the patient under the influence of hydrotherapy should be noted with care and the treatment regulated accordingly. The so-called Charcot douche is valuable. It consists of a circular spray applied to the trunk, chiefly over the spinal column. Whatever method, however, you may be using in administering water, you must watch with care its influence upon your patient.

Climatology.—The camps of the Adirondack Mountains in New York State, of Maine and of Canada are specially suited for men and selected cases among women. Deer Park and Oakland, Maryland; Hot Springs, Virginia, the quieter resorts of New Jersey, such as Lakewood, Cape May, Ocean City, Spring Lake, Atlantic City (except in summer months); the resorts of Long Island, such as East Hampton, Shelter Island, Cape Cod and Manchester by the Sea, and the islands about Portland, Me., are all well suited for the summer treatment of neurasthenia. High altitudes should be avoided if prolonged residence in such places is intended. Excitable and emotional individuals do far better at considerable altitudes, while those with a slow, imperfect digestion find the sea level more congenial. The free life of the woods and fields, fishing, hunting and loafing or the interests of a farm life will do a great deal for the neurasthenic.

Diet.—The first consideration we always give is to elimination, and constipation must be relieved at once. All neurasthenics require an abundance of food. They should drink freely of water and partake freely of coarse green vegetables. All digestive troubles must of course be attended to as in many the general asthenia is shown chiefly in the digestive tract, and we therefore deal with a gastro-intestinal atony. Careful observation must be made as to whether the food disagrees with the patient, while all things which are hard to digest must be forbidden. Cereals, rice, sago, wheat, spinach, string beans, celery, peas, beans and potatoes may be freely taken. As a rule white vegetables should be used moderately. Eggs, cream and milk are of good service. This may be pushed according to the case. I administer the milk with meals and direct that the eggs be taken between meals, or I may direct that three glasses of milk with two eggs be given at seven a. m., two glasses and one egg at nine-thirty a. m., then a full meal, consisting of soup, hot meats, two vegetables, bread and butter at noon. At three p. m. I again give two glasses of milk and two eggs, and at six I give three glasses of milk with three eggs, while at nine p. m. two glasses of warm milk. In neurasthenia, in most of my cases, I do not feed, I overfeed.

Moral Treatment and Psycho-therapy.—The success of handling neurasthenics depends mainly upon the moral and mental influence exercised by you over your case. To lift the neurasthenic from his mental surroundings requires skill and mental power. It requires persistency and no compromise can be made betweeen the doctor and patient; the doctor's will and his orders must be supreme. The patient must carry out all your orders, and once you have given an order do not change it. Your patient must obey your will in every particular or your case is lost. Your moral influence is of great importance, and the more your will supersedes that of the patient the sooner you will obtain results. I show very little sympathy to my cases. I am supreme in all my commands. The patients often hate me during the treatment, and yet I cured nearly all my cases and retained their good will after their recovery. In using suggestion I use my words with force and impress my patients with my desires, or with whatever actions I may direct them to do. Do not laugh at the fears of your patients. These must be explained, analyzed by you for him, and then dismissed with force on your part. Do not allow them to reiterate their complaints to you after you have dismissed them. Suggestion, if used by you, must be encouraging in character, but of a very firm direction. In sexual neurasthenia nothing so disturbs the patient as the belief in his or her sexual weakness. Get the confidence of your case; let him or her know that this point is receiving your careful consideration and that results will come in due time. Change your patient's mind about his condition and about his phobias.

Drugs.—In a recently issued book on "Nervous Diseases," in the chapter on neurasthenia I find the following: "We do not mention any drugs, as they are of no use in the treatment of neurasthenia." Are you gentlemen surprised that so many turn from the physician to the drugless healers? Drugs are of great importance in a successful treatment of neurasthenia. To enumerate all drugs used in the treatment is so gigantic a task that it would consume the rest of the day and I have already imposed upon your patience. I will mention here only those medicaments which are of frequent use, leaving the others to some future time. I use for the pains either tiger lily, if the pain is in the posterior portion of the head and takes in the eyes, or phytolacca if the pain is shooting from eyes to the vertex. In cases where the pain is in the forehead above the eyes and down the nose I give calcarea car. For the periodical pains which start early in the morning, which seem to increase with the slightest exertion, I administer arnica and bryonia. These two drugs will also relieve the throbbing in the head. Conium maculatum is very good in all pains which extend from the front of the head to the occiput. In many neurasthenias the pain sometimes comes on at about four or five o'clock in the afternoon and will last till the patient retires. In these cases I administer tiger lily and combine it with spongia, while in others it may be necessary to give gelsemium, especially if the pain runs from the cervical spine and extends all over the

head. Very often your neurasthenic will tell you of a violent pulsating pain in either of the temples, taking in the eyeball. I find here nothing better than the administration of spigelia. If the pains in the head cover the entire top and seem to produce a drawn-back feeling in the neck, you may safely administer cimicifuga with a small dose of stramonium. If, however, your patient's pain is limited to the right temporal region and there is photophobia, it seems to me belladonna is the right remedy and it will bring relief. Many of the neurasthenics complain of a fullness in the head, as if the head was about to burst open. I give bryonia and it brings relief. Let us also mention pulsatilla for the frontal headaches and pains with that drowsy feeling found in these cases.

I have mentioned so many of the drugs used in these head conditions, as you must relieve your patient's head pains if you desire to retain him. Iron is another remedy worth while using together with the above mentioned drugs. Phosphorus, strychnine, arsenic, caffeine, hyoscyamus, valerian, chirata, avena sativa, scutellaria, cypripedium, passiflora, nux vomica, calcium and sodium glycerophosphate, auri et sodi chloridi, gentian and dioscorea are of great benefit in your cases. The use of hypnotics is only rarely necessary if the other measures are carried out properly. Lactucarium and passiflora should be used in preference to your patent hypnotics. Do not forget the combination of passiflora with hyoscine hydrobromate (not over gr. 1/100 by hypo.).

In conclusion let me sound one warning: Bromides and sedatives in large doses are harmful. "Whatever you do in neurasthenia do not depress, and now before finishing let me ask these two questions, which I would like answered by those who deny the influence of drugs in neurasthenia: If neurasthenia is an exhaustion, why does not rest alone cure it? If it is an inherent weakness, why can you cure many cases with drugs and you fail to cure them without drugs?

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THE MEDICINAL PLANTS OF THE SOUTH AND THEIR INTRODUCERS.

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The topic the president asked me to write upon, the medicinal plants of the Southland and their introducers, would, if properly treated, require the preparation of a large volume. Only a brief survey, therefore, is all that may be attempted in this paper. Our purpose will be chiefly to consider in a few preliminary words the general subject of the Southern medicinal plants, and to discuss more fully a few that are peculiar to the Southern States and which acquired more or less prominence in our materia medica. There are also some medicinal plants that are found quite generally distributed throughout the eastern half of the United States, that have come into therapeutic history chiefly through introduction by Southern physicians. The

subject, therefore, of the medicinal plants of the Southland must necessarily be curtailed to fit the occasion and to come within the limits of space of publication.

You are well aware, no doubt, that the Southern States are particularly rich in medicinal plants, as well as in those of the general field of botany. A comparison made nearly three-quarters of a century ago gave lists which show a far greater number of native plants used as medicines in the South than those furnished by some of the Northern States. This was especially emphasized in comparing the Empire State and one of the Southern sea-coast States. Frederick Peyer Porcher, a botanist-physician to whom we owe much concerning our Southern resources, stated, in 1849, that the State of New York, "said to include an area equal in extent to the whole of Great Britain," according to Prof. C. A. Lea (Cat. of Medicinal Plants, Ind. and Exot., of New York), out of a flora of 1,450 species, contains but 150 known to be medicinal. In South Carolina alone, a space considerably smaller in extent, a much larger proportion exists; his sketch embracing a list of 410 species out of about 3,500 possessed of medicinal or economic value,. This also included some introduced plants and a few exotics. A single circumscribed locality in the lower section of the State, but ten miles in diameter, furnishes, he says, "one and one-third more than the whole of the State of New York."

Asa Clapp, a middle-West compiler of a report on medical botany presented in 1850, gives the number of Lea's plants (omitting a few that are rather economic than medicinal) at 366, while those of Porcher he places at 464, of which 55 are cultivated or non-medicinal. Griffith, the author of a medical botany, who was quite liberal in ascribing virtues to plants, considered in his work, 369 medicinal plants of North America. Clapp's whole synopsis includes 556 plants, of which 476 are indigenous, the balance introduced. The Southern plants, not found in the Northern and Middle States, were placed at 62.

These dry figures represent the data given at a time when an awakening as to the value of the vegetable materia medica was taking place—at a time when mineral medication had reached its height and when a new order of medication was to be introduced. This was also at a period just preceding the publication of King's American Dispensatory. While many medicinal species have since been added to the lists of the early investigators, the presumption is that the lists are not greatly increased nor the proportion between the resources of the Southern and Northern localities greatly altered.

Of course, a great majority of the medicinal plants referred to are of minor importance, and some of them have become practically obsolete. Thus, while the South has a very great proportion of all the medicinal species of the country, she has something around a hundred exclusively her own. The fact may not be generally known that for many years a great proportion of the medicinal material used by Eclectic physicians has been gathered in the mountains of North Carolina by the local root and herb gatherers.

We might name for the use of subsequent investigators that the sources

of information concerning the early uses of the medicinal plants of the South are largely those confined to limited areas comprised in the States of South Carolina and Georgia and immediately neighboring counties. These may be found in the following works:

Travels in South and North Carolina, by John Lawson, Surveyor General, 1716.

Drayton's View of South Carolina, published in Charleston in 1802.

Chalmers' History of South Carolina.

Shecut's Flora Carolinæensis; or, a History, Medicinal and Economical, of the Vegetable Kingdom. Pub., Charleston, in 1806.

Elliott's Sketch of Botany of South Carolina and Georgia, with Medical Notes. Charleston, in 1806.

Garden's and Lining's Observations, Physical and Literary, and the Southern Agriculturist, published in Charleston, issues of 1820 and of 1835; the lists of Dr. James McBride, talented botanist and physician, and the catalogue of the Rev. John Bachman and H. W. Revenal, are all valuable source materials in this study.

Porcher, whose list we have referred to, includes South Carolina, the State of Georgia and neighboring localities. Later in life he wrote for the use of the Confederate armies, "The Medicinal Resources of the Southern States," a valuable production and one which gives a good review of the native medicinal plants available as a war necessity

Prior to 1850 also appeared two works referred to hesitatingly by the reporters (all being then of the regular school), and yet not desiring to let valuable items escape. These were the botanic works of the Thomsonian's (slightingly referred to by one of the authors as "the steam doctors"); Horton Howard's "Improved System of Botanical Medicine," and Matson's "Vegetable Practice" (1839).

As the first physician to take up his permanent residence and practice his profession in the New World settled in the South, so we find also the earliest references to medicinal plants from the same quarter. In Virginia the earliest medication among the white people was probably mineral, a medication in which the so-called "bezoar stone" of the Orientals was a prominent factor, and to some extent vegetable—the ancient *dittany* having been brought from Europe. The latter soon gave way to a native plant, an American dittany, probably a species of Cunila. The only American plant of renown, however, was the Virginia snake root (Aristolochia Serpentaria). Snake bites were as prevalent then and as fashionable as appendicitis or gall stones are now, and ludicrous accounts are given of plants that "so astonished the reptiles that they at once gave up the ghost."

Very early we find John Bannister busy in a labor of love studying the native plants of Virginia and figuring them. He drew figures and contemplated writing a natural history of Virginia. In a catalogue of plants which he sent from Virginia to Ray in 1680 we find many that have subsequently become famous in Eclectic therapy, among them apocynum, eryngium, euonymus, iris, black haw, rhus glabra and stramonium. Most noteworthy,

however, was his published description of the Virginia snake root, which he calls pistolochia, or Serpentaria Virginiana—largely used domestically and professionally by the early Virginians as a sovereign remedy for snake bites and intermittent fevers. Poor Bannister's labors ended abruptly, however, for in searching for plants he fell from the rocks and was killed.

Perhaps the most important foreigner who came to Virginia out of pure love for science was Mark Catesby, a person of gentlemanly rank and a friend of that great patron of science, Sir Hans Sloane. After several years of leisurely collecting and delineation of plants and birds and animals, he returned to England and published a work remarkable for its beauty, faithful delineations, and notes on medicinal plants. Beginning his work in the Carolinas, he ended in the Bahama Islands. Becoming an etcher, he executed those marvelously beautiful plates, twenty appearing in 1730 and twenty more in 1748. A copy of this rare work, with its unfading coloring, is now on the shelves of the Lloyd Library. In it is the first reliable drawing of sassafras, a plant which early excited such interest that a shipload of root-bark was carried back to the Old World. Speaking of this plant reminds us that the discovery of America was largely due to the craze for spices and aromatic substances, which played greatly in the incentive to travel and thus enrich the coffers of the Old World. Between the search for gold and the pursuit of spices, we owe the discovery of our country, especially as the adventurers floated wide from the supposed short cut to the Orient, where fabulous wealth and rich aromas were supposed to await them. Sassafras, however, heralded as of medicinal worth, never took a high rank and has at last an anchored place in the arts of the confectioner and the perfumer. While sassafras and podophyllum are named by Catesby, greater interest attaches to his figure and description of the use of the Carolina pink—the Spigelia marilandica. To him should be credited the record of its domestic uses as a vermifuge—a use lasting to this day—usually credited to Lining, Garden and Chalmers. Catesby's Natural History also contains a beautiful plate of the yellow jasmine, our medicinal gelsemium. In this work we find 171 plants, many of them among our medicinal resources of the South. Catesby, though neither a botanist nor a physician, rendered invaluable service to the sciences of both; hence our purpose in recalling his work in this paper. He died in London in 1749, having reached the enviable eminence of membership in the Royal Society.

Many others might be mentioned, but our time is brief and space short. They all helped to gather into useful compass the medicinal plants of the South,.

Among the medicinal plants of greater or less worth found south of the Mason and Dixon line, or whose first use was broadly published therefrom, at least eight may be named that have played a conspicuous part in the American therapeutics of all schools, and six of them a greater or less role in Eclectic therapy. These are: (1) *Stillingia sylvatica,* (2) *Polymnia Uvedalia,* (3) *Chionanthus virginica,* (4) *Serenoa* (*Sabal*) *serrulata,* (5)

Solanum carolinense, (6) *Spigelia marilandica,* (7) *Passiflora incarnata,* and (8) *Gelsemium sempervirens.*

Stillingia sylvatica, the Queen's delight, or Yaw root, is a euphorbiaceous plant of the pine barrens, flourishing from Virginia to Florida. It was very early referred to by both Shecut and by Elliott. Up to Porcher's and Clapp's time it had been accorded emetic and cathartic properties when given in large doses, and alterative in small amounts. It came into use as an alterative of much value in the secondary phase of syphilis and in scrofula (at that time a vague term of less direct meaning than at present), and in certain skin diseases; and true to the fashion of the mid-century period in therapeutics, it was loudly acclaimed of wonderful virtues in the ever-present hepatic therapy of chronic liver disorders. While still a drug of repute in all schools of medicine, it has most largely continued in the Eclectic practice, and there only as a secondary drug of alterative power in the treatment of constitutional syphilis. An extract, the so-called oil of stillingia, is an ingredient of the compound liniment of stillingia, an unexcelled preparation for external and internal use in spasmodic, chronic, and subacute forms of cough, and especially as a sheet-anchor in spasmodic croup of children. How much the stillingia contributes to the efficacy of this famous and very valuable preparation is still an open question. It probably increases the potency and therapeutc activity of the associated lobelia and other ingredients. One use of stillingia—the specific medicine—we would emphasize: its value in the relief of the annually recurring so-called winter bronchial cough of adults past middle life.

Polymnia Uvedalia, or Bear's foot, is not strictly a Southern plant, but is found throughout a wide range of territory. It was brought into conspicuity by Dr. John W. Pruitt, an Eclectic physician of Arkansas, in 1870. Accredited with the power of growing hair on the hairless, it has largely proved disappointing to tonsorial hopes. In the days when malaria was more prevalent than we hear of now (at least in the North) it was the remedy par excellence for ague cake or hypertrophied spleen of paludal origin. It unquestionably possesses splenic virtues and is occasionally still in demand for this purpose. Both the internal use and the local application of Evedalia Ointment are employed; and both the alcoholic preparation and the pomade had the unqualified sanction of such a good therapeutist as Professor John M. Scudder.

Had the South contributed no other medicine to our materia medica than Chionanthus virginica, she could rest well on her laurels as having been of very great service to therapy. A tree of the olive family and naturally abounding on river banks, it is not alone abundant in certain parts of the South but is found native as far north as Pennsylvania, besides being very largely cultivated for its horticultural beauty. Up to 1850 the only accredited properties of the Fringe tree, or Old man's beard, as it is popularly called, were tonic and febrifuge, with some acro-narcotic properties—as a plant long used in inveterate intermittents and other chronic diseases, and as "a cataplasm to tumors and ulcers." It remained, therefore, for a distinguished

Eclectic physician, clergyman and author, the late Dr. Isham J. M. Goss of Atlanta, Ga., to give it the true place in therapeutics it holds today, and to introduce it widely as a drug of Eclectic development. Chionanthus is probably without a peer as a remedy in functional jaundice—icterus not dependent upon structural alteration, or medicinally irremovable obstruction of the biliary ducts. For this purpose no remedy ever introduced for a specific purpose has better justified the claims made for it by its introducer or has had a better record for success when specific indications are strictly followed. Too much honorable credit can not be given this son of the South, Dr. Goss, for making its hepatic therapy widely known. Practitioners of all schools of medicine, even in this day of therapeutic skepticism and all-pervading hepatic surgery, concede its very great value in the treatment of simple jaundice due to catarrhal states of the gall bladder and bile duct.

Serenoa (Sabal) serrulata, or Saw palmetto, is one of the more recent introductions into medicine from the South. It has largely failed to fulfill the visions of the Homeopaths, particularly, who exploited the drug greatly. Certainly it has not proved to be the elixir of life (a la Brown-Sequard), nor has it made amazons of the spinsters with atrophied mammæ. Perhaps the best that can be said of it is that it relieves the prostatic irritation of old men and thus contributes somewhat to the comforts of old age. Though very popular a decade ago, we hear very little of Saw palmetto in present-day therapy.

Solanum carolinense, while an abundant weed, known as Horse nettle over the greater porton of the United States, possesses in a moderate degree the potent anticonvulsant powers of the solanaceæ. We refer to it here chiefly because its antispasmodic virtues were most strongly emphasized by a Southern practitioner, Dr. J. L. Napier, of Blenheim, S. C., who in 1889 revived its use and lauded it for tetanus—perhaps unwisely—and for other spasmodic disorders. Exaggerated claims, however, find their level in the course of time, and so solanum has almost wholly narrowed down to that of an antitussic—a use which it often admirably fulfills. Best has made a good contribution to its therapy in whooping cough. We have used it and its congener stramonium, perhaps more freely than any other drugs to modify (not cure) the severity of the paroxysms of pertussis. We believe it needs more extended investigation, with especial care as to the integrity of the preparation employed. To Dr. Napier is due the revival of this drug, for Valentin, in a French work as early as 1837, noticed it in a contribution entitled "A Notice of the Different Methods of Treating Tetanus in America, with Observations on the Good Effects of Solanum Carolinense."

Spigelia marilandica, or Carolina pink, popularly known as Pink root and Worm grass, is abundant in the South and grows particularly around Atlanta. It is not strictly a Southern plant, being found in glades and borders of woods from Pennsylvania south and in the middle West. Growing plentifully in the South, it was in the Southland that it acquired its first conspicuous mention. We have already referred to its vermifuge properties. Writers of medical histories seem to have overlooked Catesby's part in the

introduction of this plant and have given credit chiefly to three celebrated physicians of South Carolina—Drs. Chalmers, Lining and Garden—all of whom gave it a widespread reputation as a worm medicine. The early observers note its cathartic properties, but the whole therapy of Pink root revolved around its ascaridal antipathies—so much so, that for many decades to follow, even to the present hour, has "pink and senna" been the favorite anthelmintic cathartic combination of many of the laity and of numerous physicians as well. So obscured have been other possible virtues of the pink-root by this "worm medication"—in which it is truly efficient—that long years after its introduction it was discovered that it also possessed cardiac powers of no mean quality. This has been cultivated largely by the Homeopaths, to whom the credit is largely due of employing it as a "heart medicine," a field in which there is yet abundant opportunity for investigation. This aspect of its therapy has received scarcely any attention among Eclectics, and we would suggest that Southern physicians, who can obtain an abundance of the recent plant, develop or disprove its reputed cardiac powers. While active virtues, and even poisonous action have often been attributed to it, one Dr. Thomas some years ago, reported that "his children drink the pink-root tea habitually as a beverage and prefer it to Hyson." Then he follows with the assumption (a fault too common with some doctors) that in this way it proves prophylactic against worms. Just how one knows that his children would have had worms without using the pink-root, we leave to the conjecture of the hearer.

Passiflora incarnata, the Passion Flower or May Pop, is a Southern drug of comparatively recent introduction, having been brought to medical notice in 1839 or 1840 by Dr. L. Phares of Mississippi, who reported in the New Orleans Medical Journal the trials of it by Dr. W. B. Lindsay, of Bayou Tete, La. Its employment was revived and it came into Eclectic therapy through the efforts of Dr. I. J. M. Goss, of Georgia. Having been in use long enough to outlive some of the impossible claims of its admirers, it still provides a useful nerve-calmative for certain nervous conditions, especially during grave fevers, where more potent drugs, especially the stronger hypnotics, are inadmissible. Personally we have found it slow in action but quite reliable in allaying nervous irritability to the extent that sleep may be permitted. This effect we have noticed usually occurs from twenty to thirty hours after its administration.

By all odds the most important and valuable of the Southern plants that have come into medical conspicuity is the Gelsemium sempervirens or Yellow jasmine. The drug is the fresh root of a strikingly beautiful climber, festooning the trees and shrubs in rich and swampy grounds in great profusion from Virginia to Florida. Yellow jasmine, in bloom, is almost overpoweringly fragrant, and on account of its odor resembling that of the true jasmine of the Old World our plant was given the name gelsemium, from the Italian *gelsomino,* meaning jasmin.

The current story of the introduction of gelsemium into American medicine is told in the American Dispensatory. If true, it is typical of most

drugs, that their virtues are first discovered through domestic "simpling." It is that of the mistake of a negro servant in giving a strong decoction of yellow jasmine root by mistake for that of another plant, to his master, a planter of Mississippi, suffering from bilious intermittent or malarial fever. The result of his error was the profound prostration of physical power near unto death, but ending in a permanent cure of the patient. Just when this circumstance occurred, if it did happen, is not known, but this much is certain—that regular medical references to the physiological activity of the plant were early on record—for both Shecut and Elliott, in 1806, as well as Rafinesque (1828-30) noted the medical uses of the plant. Very early we have the statement that the root, flowers, etc., were narcotic. It must be allowed, however, that there is some divergence in the shades of meaning once used in speaking of narcotics from those of present-day usage. Elliott, however, stated that the odor of the flowers sometimes produced *stupor* Porcher employed gelsemium in rheumatism and in gonorrhea, in the latter directing that 90 drops of the tincture of the bark of the root be given in three doses. Such doses, he declared with truth, produced vertigo, perverted vision, etc., physiological effects now well known to be possessed by yellow jasmine. Dr. R. H. Frost, of South Carolina, in his "Elements of Materia Medica," had prevously observed its effects upon the nervous system, credit for which is given him by Porcher. Thus gelsemium is a Southern plant of Southern medicinal introduction; and all these notices were in print previous to the issuing of the first edition of the American Dispensatory. The credit of introducing it into Eclectic medicine, generally, belongs chiefly to Southern physicians, and it has become mainly a drug of Eclectic development. From Eclectic sources Dr. Roberts Bartholow, Cincinnati,, did most to bring it to the favorable notice of the regular school, while Dr. Edwin M. Hale, of Chicago, carried it to the Homeopaths in 1862, though a "proving" had been made ten years previously by Dr. John H. Henry of Philadelphia.

Of a drug so largely used by Eclectics little may be said by me at this time. Suffice it to add that Eclectic therapy would lose immeasurably by its omission, and that the best results and the most direct indications have come from the Eclectic use of gelsemium.

While members of the old school and distinguished pharmaceutical chemists have long juggled with its destructive chemistry, the Eclectics have persistently used the drug in its recent state and in its full integrity, thereby obtaining effects which others have not been slow to profit by. Few American drugs have been so vigorously assaulted by chemists and with such contradictory results in the isolation of proximate principles, and the end is not yet. While we hear much of gelsemine, and naturally conclude it to be a widely disseminated and abundant principle, our minds are disabused when we recall that, at a meeting of the American Pharmaceutical Association, held in Nashville a few years ago, the largest single quantity of gelsemine in existence was exhibited by Prof. John Uri Lloyd. This quantity comprised but enough to partly fill a small vial, and yet this meagre amount was the yield of a thousand pounds of the root. During the great pan-

demics of influenza of the last two years specific medicine gelsemium proved one of the most potent and satisfactory drugs that was used. Its great worth as an antispasmodic and anticonvulsant, as a pain reliever to supplant opiates, as a calmative of nervous excitation, and as a safe reducer of high temperature, has made it one of the drugs of highest rank in our Eclectic materia medica. And this drug we owe only to the Southland, to whom be all the honor and the glory.

Clothes Are Going Up.

It keeps us all deploring, lamenting and the like, for prices still are soaring, each day they take a flight, I view the situation that now disturbs the nation, and in my agitation I breathe the name of Mike. A suit of wool, not shoddy, of handsome color tones, once clothed my shapely body, and cost me thirty bones; and it would hang together in every kind of weather, as trusty as the leather the village saddler owns. But now a suit of shoddy my timeworn system feels; and it is punk and gaudy, and cost me eighty wheels; it shrinks when rain is reigning, it splits when I am straining, and so I am complaining and raising frenzied spiels. My shoes are made of paper, bedizened bright and smart, and when I waltz or caper the blamed things come apart; to wear them is exhausting, and oh, the price they're costing would put a layer of frosting upon the warmest heart. If things were worth the money, the prices we might greet with smiles serene and sunny, and not with frozen feet; but goods are made by pikers and prices set by hikers, and so I join the strikers and breathe the name of Pete.—Walt Mason in Philadelphia Evening Bulletin.

Early Diagnosis of Cancer.

Unfortunately the very smallest cancers give no symptoms unless they are on the skin or lip or tongue or elsewhere on the surface of the body, in which situations the earliest diagnoses can be made. Cancers the size of a pea or but a little larger are often diagnosed and removed by a surgeon with an assured favorable result if the operation has been properly done. In the stomach and internal organs, however, the cancer does not give rise to symptoms until it is quite large, and it is important, therefore, for any one who has any disturbance of the stomach or intestines, loss of weight or anemia, to go at once to a surgeon, because by modern chemical methods and by the use of the roentgen ray a diagnosis can often be made long before the cancer can be felt or seen. One of the last symptoms of cancer is pain, which is caused by the growth pressing on the nerves as it spreads out through the tissues.—Health News, Albany, N. Y., February, 1920.

The National Eclectic Medical Association QUARTERLY

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SUBSCRIPTION PRICE : : : $1.25 PER ANNUM

All communications, books for review, exchanges and contributions for publication should be sent to the Editor, at Forest, Hardin County, Ohio; change of address or advertisements, to 630 West Sixth Street, Cincinnati, Ohio.

Vol. XII. SEPTEMBER, 1920. No. 1.

ELLINGWOOD.

Though known to a few that the notable career of Dr. Finley Ellingwood was nearing the end, it will come as a sorrowful surprise to most of his friends to learn that he died June 26 at Pasadena, California, whither he had gone for his health. His body was cremated and his ashes returned to Chicago for burial.

The passing of Dr. Ellingwood closes the life-chapter of one of the most conspicuous authors, teachers and physicians of the Eclectic school of medicine. He was perhaps the most widely known of the latter-day Eclectic writers, and in his day served long and ardently as an editor of medical journals and an author of text-books and treatises on Eclectic medicine. An omnivorous gatherer of "facts," and with an enthusiastic style, he became most widely known through his last journalistic effort —Ellingwood's Therapeutist, a publication which he edited up to the time of his death, and which we are assured is to be continued. Dr. Ellingwood was a man of tremendous energy, and put body and soul into everything he undertook. As a speaker and teacher he was especially popular, and his enthusiasm upon any subject in which he was interested knew no bounds. In his declining years he was honored by the National by election to the presidency and that body, under his administration, held one of her most successful meetings, in Chicago, in 1919. Ellingwood will be missed by Eclectics at large, and more especially by those of the Northwest, by whom he was best known.

FINLEY ELLINGWOOD, 1852-1920.

Finley Ellingwood, son of Elijah and Mary Abigail (Rice) Ellingwood, was born in Manchester, Dearborn County, Indiana, September 12, 1852. His early education was acquired in the schools of Kankakee City,

Illinois. From the age of fourteen until twenty he worked at the carpenter's trade. From 1872 to 1875 he served as Deputy Clerk of Iroquois County, Illinois, and at twenty-three he was offered the office of County Treasurer if he would relinquish the study of medicine, in which he had then engaged. Having quit school at the age of fourteen, it was not his privilege to acquire the full course of higher education in the advanced schools or to graduate from any of them. He had, however, three months in an academy when seventeen, and he supplemented this with night and early morning study at home in the sciences, and in French and Latin. This enabled him to secure a first grade teacher's certificate, when he taught school for three years. Dr. Ellingwood began the study of medicine July 10, 1871, and carried it on with his other science studies until September 1, 1875, when he matriculated in Bennett Medical College, from which he graduated March 23, 1878. Between college terms, in 1876-1877, he practiced medicine at Braidwood, Illinois. On April 1, 1878, having graduated, he settled in Manteno, Kankakee County, Illinois, remaining there until June, 1884, when he went to Chicago to become professor of chemistry in his alma mater. He served in this capacity until 1900.

For nearly a quarter century Dr. Ellingwood served with distinction on the Faculty of Bennett Medical College, first as Demonstrator and Professor of Chemistry, and lastly as Professor of Materia Medica and Therapeutics (1900 to 1907). He also served on the hospital staffs, and for thirteen years was on the Faculty of the Chicago Veterinary College, lecturing for one year on Comparative Physiology. Dr. Ellingwood was for many years a member of the Illinois State Eclectic Medical Society, the National Eclectic Medical Association, and an honorary member of a score of State societies. He was three times elected president of his State society, and served as corresponding secretary of the National (four or five years) and recording secretary for several terms, during which time he edited the National Transactions. In 1918 he was honored with the presidency of the National Association. As an editor and author he distinguished himself. He published a "Synopsis of Medical Chemistry" (two editions), "Manual of Urinalysis" (three editions), "Materia Medica and Therapeutics" (several editions and now a leading text-book and practitioner's guide), the "Treatment of Disease" (two volumes), and "Normal Labor." He originated the "Annual of Eclectic Medicine and Surgery" and conducted it through three years, until his health failed, when it was continued by Dr. J. V. Stevens. For nearly a quarter century he ably edited the Chicago Medical Times, and at the time of his death was proprietor and editor of Ellingwood's Therapeutist, which he originated in 1906. Besides these publications, he contributed largely to most of the Eclectic periodic publications and to some journals of the regular school.

Outside of medicine Dr. Ellingwood held few positions. He was for

many years a member of the I. O. O. F., the Ancient Order of Foresters, and of the Modern Woodmen. Broken health compelled him to retire from these, though he served as hospital president for two years, and as an examiner for several insurance companies.

Dr. Ellingwood was united in marriage, in 1880, with Jennie S. Elliott, of Chicago. To them were born seven children, one of whom is deceased.

Dr. Ellingwood was tall and slender, growing heavier in later years, and had the bearing of a scholar and man of affairs. Exceedingly energetic, he was capable of an immense amount of work. Whatever he undertook he pushed vigorously, with an enthusiasm which was bound to win. Aa a writer he did an enormous amount of editorial and other work, touching almost every topic in medicine, surgery, and medical sociology. He was a fluent speaker—impulsive, earnest, and always enthusiastic. It was the enthusiasm he threw into his work that enabled him to to accomplish so much. His text-books are well written and widely popular, and his journalistic publications held a first rank. Dr. Ellingwood was a Methodist and gloried in the fact. Almost every year since the age of twenty he had been the superintendent of a Sunday school. A lover of music, he arranged and conducted many musical entertainments, and was particularly interested in Sunday school music. In his own family he maintained a musical orchestra. Dr. Ellingwood was widely known for his enthusiastic Eclecticism, and while secretary of the National he visited several of the State societies in the interest of the National and Eclecticism.

THE NATIONAL.

The National Eclectic Medical Association has entered the second half of its first century of existence. Its record has been one of great usefulness to its members and to medicine at large. It has now a larger and wider membership than in former years, affiliation with the state societies having greatly enlarged its scope and usefulness. Satisfied as we are with its past, we must look forward to the future and continue to build up an organization for protection from the ever-present social and legislative menaces; and to serve as a strong fraternal and educational body. We are optimistic as to its future; the outlook is good.

We are living in the day of big business, of big organization. Little business and small organization count only as they enter into the higher organization. They are the units, however, that go to make up the grand total—the parent body. The larger the units the greater the combined body. Hence the importance of keeping constantly in mind the strength, the fullness, and the importance of the state societies—the units which make the national.

We realize more than ever before that the individual physician, no matter how lucrative his practice or successful his business, can not stand alone.

He must, to have support and prestige, belong to his state organization. This is not always realized by him, especially when everything desirable seemingly is coming his way. That his security as a practitioner, his rights and privileges are derived from the protection and the prestige of a strong state and stronger national body, are not taken seriously until some move on the part of his competitors, and sometimes of his professional enemies, makes him realize the importance and value of some centralized body whose business is to protect physicians individually and collectively. Let these societies die out, or even become dormant, his every right is placed in jeopardy and he is at the mercy of whatever may be devised to discomfit and dethrone him. While we have strong societies now, let us make them stronger and capable of giving the fullest protection possible. Numbers help greatly, but enthusiastic support does even as much or more. How to increase our numbers and to extend the influence and powers and benefits of our state and national societies, then, becomes the leading question of professional existence today.

Having been selected as your president of the National, and being therefore at your service, may we not suggest some things which we believe would strengthen our national body and its state auxiliaries?

First: Let each member himself take a personal interest in his society and realize that he alone may be one of the strong props that holds up the structure. If all would feel this, there is sure to be organizations that can not fall.

Second: The stronger and more aggressive we make our state societies, the larger and more influential can the National become. The latter is the union of the several state bodies. A single stick is easily broken; a bundle of rods practically never. As long as there is a harmonious union there will be the fullest strength in the parent body.

Third: Let each member of a state society constitute himself a committee of one to visit (not write) his neighbor who is not a member and bring him into the camp. Show him the necessity and benefits, and the greater safety and privileges of being an active organization man.

Fourth: While thus looking to the medico-political necessities of the question, consider also the social and fraternal advantages and educational benefits of such a membership. Remember, too, that one member is just as important as is another, and that the society is your society. Help, not alone by your presence, but by your experience add something of value to the common fund by giving it expression by way of contributing a paper—no matter how brief. Whatever is of interest to you will interest and benefit others. Bearing this simple fact in mind, it will not be difficult to choose a topic; the matter is simplified at once.

Lastly—section officers will soon be appointed, and they will write you to do something in some way or other. May we ask that you cheerfully respond, and thus put the officers' anxiety at rest? *Most important of all, kindly answer the letters sent to you, and do so promptly.* Nearly all the hardship in being a section officer consists in the distress and uncertainty incident to tardy answers to his letters. By being prompt you will relieve

immensely the labors of the section chief, whose task, even under the best of conditions, is an arduous one, but usually a duty cheerfully and loyally performed.

We are going to have a good meeting in 1921 at Colorado Springs. From many quarters volunteer offerings to aid in any way possible have come from some of the best men of our profession. To them we extend, for the National, and personally, our heartiest thanks and expression of appreciation. This cooperation is the spirit we need—of selflessness and devotion and action willingly offered. This will make for the meeting of 1921 a record of which we will be unashamed. FELTER.

THE NATIONAL.

The recent meeting of the Association, held in Atlanta, Ga., exceeded the expectations of everyone. The most sanguine were surprised by the number in attendance, the work actually performed and the social features. As to the latter, our Southern friends proved they were real, genuine hosts, and Dr. Griffith, as chairman, was always on the job and untiring in his efforts to make our stay in Atlanta pleasant. There was abundance of entertainment. A real, genuine barbecue at the Country Club and an auto ride to Stone Mountain. A reception to the visiting ladies and a banquet on Thursday evening to all members and visitors.

The actual work performed was larger than for several years past, and the enthusiasm and interest displayed in the general welfare of the school unexcelled. Personally we feel that a large portion of the trouble from which we have suffered has been due to a lack of loyalty on the part of our graduates; from selfishness, avarice and internal strife. What we now need is a little self-effacement and loyalty on the part of those who have prospered in material things.

The next meeting will be held at Colorado Springs. Our new president, Dr. Harvey W. Felter, is well known to all of us. If he lives up to the reputation earned when serving as president of the Ohio State Society, he will exhibit some strong evidence as an organizer of no mean repute. Let us all give him our hearty support. M.

ORGANIZATION AND PROPAGANDA.

We have heard a great deal about propaganda during and since the World War. It was used by the allied nations as well as by the Triple Alliance to win the sympathies of our citizens. It was used by our Government to float the several Liberty and Victory Loans. It was used by the several agencies doing war work to raise their funds, and it was used and is being used effectively today by labor organizations to increase their pay and shorten their hours. Organization seems to be, and is, an effective weapon to gain one's end. Whilst our army and navy was organized, its organization was for a different purpose, not self-interest and protection,

but the protection of our homes and the homes and interests of those who were constantly and eternally demanding more and more pay. Had our soldiers and sailors used the same means to protect themselves and provide themselves even with the absolute necessities of life, it would not have been called "propaganda," but "treason," and they would have been shot or imprisoned. The word "propaganda" means "an institution or systematic scheme for propagating a doctrine or system," "effort directed systematically toward the gaining of support for an opinion or course of action." Organizations of every description, labor, trade and profession, are using it today, many achieving tangble results.

We have witnessed as a result of a successful propaganda the gradual increase of educational requirements for a physician from a two year medical course, with no premedical preparation, to the present status. We have also seen the gradual decrease in both medical colleges and students, to the present condition, when the latter have decreased to such an extent that our rural communites are begging for relief.

We are personally not opposed to the proper preparation and liberal education of physicians, but when we stop and reflect we are surprised at the success attending the efforts of a handful of physicians to bring about the present conditions, all within the professional lifetime of the writer. It is the result of a persistent and earnest effort toward a desired end.

When we quietly think of their success and the methods employed to attain it, we are almost inclined to believe that many men do not do their own thinking, but are persuaded or have their opinions formed by men of stronger intellects and persistency.

Much of the success of the Council of Education of the American Medical Association, in compelling state boards to accept their views or rulings, verifies this statement. The recognition accorded the so-called National Board of Medical Examiners is but another instance. Absolutely self-appointed and perpetuated, with no legal status or authority, yet their findings are accepted by governmental officials and by many state boards, even though the boards are the legally qualified agents, appointed to perform this function for the state, and are the only legal body clothed with this power. Yet they unhesitatingly accept the findings of the so-called National Board and the desires and rulings of the Medical Council. This is done, not by legislative action, but by the so-called "police power" under which many of our health boards act.

All this is but an illustration of what can be accomplished by organization, numbers and money. Even our literary colleges recognize the rulings of the Medical Council of the American Medical Association and refuse to grant credits for a combined course unless the prospective student attend a medical college whose rating is based upon the findings of this council.

Yet this council functions without a scintilla of legal authority or legislative franchise, and they have been able to force their findings upon medical boards, medical colleges, and even literary colleges, whilst smaller organiza-

tions, with just as much merit but less money and influence, are absolutely ignored, and have had their constitutional rights and personal prerogatives abridged or annulled.

The Fourteenth Amendment to our National Constitution seems to be rendered practically void by reason of much of the class legislation and rulings of legislatively appointed boards and commissions.

During the past winter we have had a marked illustration of what a persistent propaganda will do, in the recent agitation for a teacher's minimum salary law and retirement fund. The propaganda for higher wages appeared in every daily paper, day after day, in the monthly magazines, moving picture shows, and even in vaudeville. Every teachers' institute and convention, and even those delivering addresses to graduating classes, talked of nothing else. The persistency with which it was waged brought its result and we have the law, with a penalty attached, in which the state withdraws all support to a district unless it complies with its provisions. The financial condition of a district counts for naught. If we are unable to pay the bills, there is no recourse save an abandoning of the school. Organized labor made a long and persistent effort to secure the workmen's compensation law, and now, with the aid of near-socialists, philanthropists and social workers, they are making strenuous efforts to pass a compulsory health insurance. They will, no doubt, ultimately succeed. Organized effort, persistency and money will prevail.

They will succeed because the profession whose prerogatives and privileges are being constantly abridged are not sufficiently and effectively organized. Those not within the folds of organized labor are not organized and thus do not count. They have no rights which are respected, neither do they watch legislation and thus insist that their rights be respected. In fact, the unorganized seem to have no constitutional rights which the embryo statesmen care to safeguard or respect. This would not be so if the majority of the people would organize and compel recognition. It is numbers that count, and few legislators care a snap of the finger for the man outside the fold who dares raise his voice in protest. It is only when patience ceases to be a virtue they can assert their rights by means of the ballot.

It appears that the tendency of all legislation is strongly socialistic. Much of it is paternalistic, and though our American civilization differs materially from that of the Old World, our legislators are prone to pattern after that of the Old World, with its medieval or centuries-old civilization.

We have long boasted of the opportunities afforded our young men; of the opportunity for initiative and push. Does our modern legislation dull and curb this? Think over the matter.

Organization and propaganda have achieved a great deal. Little did any of us think in the days of Artemus Ward and the Murphy movement that national prohibition would ever come. But it is here to stay, and is the result of a persistent propaganda backed by organization.

We have frequently heard it remarked that one could secure any form

of legislation by persistency and money. It seems almost true when one notes the type and trend of legislation. Through this same organized effort we have examining and licensing boards for practically every trade and calling. We have often been told that class legislation is unconstitutional, yet the larger part of the legslation being enacted the past few years is distinctly of that type. It is enacted for the benefit of a comparative few, no provision whatever being made for the masses.

Why all these rambling remarks? Simply to call to the attention of our readers the value of organization and to make an appeal to those whose assistance is due us, to assist in perfecting our organization. We are well aware that our sister organizations have numbers and plenty of money, receiving liberal aid from strong financial foundations as well as by endowments. Their numerical strength appeals to the heads of these foundations. Yet might is not always right, nor is there always strength in numbers, as has recently been demonstrated.

It is said that it is "money that talks," and it is their money that enables them to "put over" many of their rulings and resolutions. It is but another illustration of organization plus money. Liberal endowments to colleges have not always been an unmixed blessing. They have brought with them some conditions which can not be viewed with complacency. Neither have they lessened the cost of education by any means. In fact they have raised it. There is not a richly endowed college or university but what have raised their fees and the cost of obtaining an education, notwithstanding the liberal giving by individuals and foundations to their endowment funds. This was true even before the H. C. L. struck us.

Thus we appeal to you all to assist us in perfecting our organization. If we could but receive the moral and material assistance from those who owe it to us, we could make our presence felt in legislative halls and thwart some of the legislation now being enacted. Yet we fear not legal enactments as much as we do rulings of these self-constituted commissions and boards. Neither do we fear the raise in educational qualifications, as we are willing to meet all reasonable demands, but we do fear innuendoes and false statements.

We can only meet these by clean, ethical, strong organizations. The minority must always conduct themselves with circumspection, much more so than the majority, as any irregularity is more glaring than in the masses. We feel that our work is as yet incomplete, that we still have something to offer. Medicine is not a science, it is an art. To this art we have contributed our full share, and will thus continue to do. The medical profession must stick together in good, strong, healthy organizations. We must stick together or hang separately. With the coming winter a perfect avalanche of health and social legislation will be offered in our legislative halls that will demand our attention. To do this effectively we need the assistance of every one. We need a persistent and efficient propaganda. Will you help?

M.

HEALTH INSURANCE.

Since writing the above editorial, we received the June Illinois Medical Journal, and note the action of the Illinois society upon pending medical legislation. The society "voted in favor of state rights and expressed its disapproval of the attempt by the Federal government to usurp the functions and duties that legitimately belong to the several states; instructed its delegates to the American Medical Association to oppose state medicine, compulsory health insurance, nationalization of the city, county and state health agencies and allied dangerous Bolcheviki schemes in the next House of Delegates to the American Medical Association."

In the same issue of this journal we find that the American Medical Association unanimously adopted the following resolution:

"Resolved, That the American Medical Association declares its opposition to the institution of any plan embodied in the system of compulsory contributary insurance against illness, or any plan of compulsory insurance which provides for medical service to be rendered contributors, or their dependents, provided, controlled, or regulated by any state or the Federal government."

In this connection the following editorial from G. Frank Lydston, M.D., furnishes instructive reading. Unfortunately for the profession, it is only too true. We have watched this drift of legislation for more than a third of a century.

The Entering Wedge—Abolition of Medicine as a Private Enterprise.

The Bolshevik is at the Medical door—rapping faintly, but still rapping. I previously have called attention to the obvious fact that the medical profession is the weakeest link in the "bourgeois" chain. Naturally it is here that the Red has begun "hammering." The first blow aimed was compulsory health insurance. Marvel 'tis that a single doctor in this broad land of ours should favor this wolf in sheep's clothing—but there are plenty who do. Still greater marvel that so many of these microcephali should have been permitted to enter medicine. Cheap colleges? Alas, no; the crowd of "Class A," self-labelled "high-brows" that stands behind the "We Are Its" who are trying to establish a medical bureaucracy in Washington, would make an equal number of morons look like Solomons. The bill recently introduced in Congress proposing the abolition of medicine as a private enterprise, had all the earmarks of bolshevism, but all the same I will wager a large red apple that behind it stood the "We Are Its."

Blow number two was State Hospitals and the rest of the ill-begotten brood of schemes to take medicine out of the hands of the profession and hand it over to the bolshevists—plain "reds" and medical high-brows who, having climbed to the top via the favor of their professional clientele, are ready to kick the ladder out from under themselves at any time if sufficiently tempting honors or emoluments are offered. *Having "got theirs," to hell with the little fellows.*

Apropos of the proposed State Hospitals: A certain member of the Illinois State Legislature was asked if it wouldn't be rather expensive to secure the service of high grade medical men for the proposed institution. "Hell, no," he replied, contemptuously, *"We can get all them fellers we want, for nothin'."*

And the politician was right. The cheapest thing on earth—and with the least *esprit de corps*—is the eminent physician. His ethics begins and ends with keeping the little medical pigs out of the clover patch while the big hogs wax fat.

Speaking of the pernicious compulsory health insurance scheme, a splendid article by Dr. M. L. Harris appears in the Jour. A. M. A., April 10, 1920. Every doctor should read this—and then write Dr. Harris and ask how he stands on the proposed *gobbling up of American Medicine by the Government,* through the medium of a medical cabinet officer, large appropriations for medical "advancement," etc.

By way of wasting some more perfectly good ink and nice white paper, I will venture a prediction, viz.: Within a very few years practitioners of medicine will have resolved themselves into: 1. Fellows who are content to pass a civil service examination to acquire a job with the usual pitiful salary paid to men in political jobs. (Everybody knows the sort of service the public would get from men who haven't the self-respect of a bricklayer, and knows also how much they contribute to medical science.) 2. A few eminent consultants who will monopolize the rare bird who is willing to pay well. 3. "Quackopaths" in infinite variety. 4. Christian Scientists and faith healers. 5. Voodoo doctors. 6. Patent medicine men.

The good old family doctor and the independent specialist will be as extinct as the dodo, the great auk and the archeopteryx.

Meanwhile let the profession sleep on. The low brow "red" and the high brow bolshevik will attend to everything for us. The "red" will work unmolested because the profession doesn't take him seriously, the high brow, because the average doctor doesn't know that some lofty human fronts are like certain houses with imposing front elevations. One tumbles down the back steps immediately he enters the front door.

Remedy? Sure, but the rank and file haven't perspicacity sufficient to grasp it, nor backbone enough to put it in practice. *Let the medical rank and file list the "We Are Its" who favor schemes inimical to the best interests of the profession at large and serve notice on them that "referred work" has stopped—then watch the eminent consultants and operators climb trees.*

M.

THE MATERNITY BILL.

Elsewhere in the QUARTERLY appears a clipping from the *Journal of the American Medical Association,* entitled "The Status of Sheppard-Towner Maternity Bill." It should be carefully read by our readers.

It provides for a Federal Board of Maternal and Infant Hygiene to cooperate with a similar one in the several states, and appropriates several millions of dollars to be expended yearly until 1925. It is the report which we desire to call your attention to, and the very first clause attracted our attention: "The testimony brought out that it is safer to be a mother in fourteen (14) important foreign countries than here in our own country." We would like the committee to name the countries. It is such haphazard statements that cause the people to look with disgust and distrust upon the reports of many commissions. Our country has had commissions and committees and investigations without number, and not a single tangible result has been attained. Report upon report, money spent galore, and nothing accomplished.

Many physicians would like to know where the rural areas in the six states are situated which called forth the statements contained in statements 1 to 6 are situated. Certainly not in the rural communities with which the writer is familiar. It is certainly disgusting to read the reports of the bureaus and commissions on rural conditions, and the question naturally arises in the minds of rural physicians if all conclusions are based upon the worst conditions to be found?

We wonder where the death rates of from 18 to 40 per cent. of infants can be found. Certainly not within the area known by the writer. Even in the early years of our practice such a death rate among infants was never heard of, and a still-born infant or the death of one from malnutrition during the first year of life is becoming rarer and rarer. Even cases of ileo-colitis and its kindred diseases are becoming a thing of the past. We do not find American mothers ignorant, not even in rural sections of the state, as our social workers and bureaucrats would lead us to believe. They are as intelligent as our city cousins and as familiar with hygiene and hygienic questions.

It is difficult to make the rural physician believe that our city cousins are supermen or of a higher grade of intelligence. It is a fact that a large majority of the men and women who have made good in every walk of life are products of the rural community. It is impossible to find conditions in any rural comunity that will compare with conditions found in the congested districts of any of our cities. It would be impossible to create such living conditions as we have personally seen in New York, Cleveland, Chicago, San Francisco, Cincinnati, St. Louis, Toledo, etc.

Moreover, the U. S. Census report does not verify the statements made by these social workers. In "Medical News," on page 250 of the *Journal of the American Medical Association*, we read the following: It was found that the majority of the midwives could not speak English, and that one midwife had failed to report nine births. One midwife who had been in this country seventeen years appeared before the board with an interpreter. The State Board of Registration has been requested to serve notice on all midwives that unless they learn the English language within a year their permits will be revoked." No such conditions could exist in any rural community, save only within mining districts, and it is unfair to compare American rural communitiees with such conditions. The comparison of the amount paid for the care of live stock, the study of their diseases, etc., with that paid for public health measures is an old, hackneyed comparison that should be forgotten and dismissed, as it is not a true statement. It would be amusing were it not so tragical.

We do not wish to be understood as opposed to health measures, but we do feel, and feel strongly, that nothing is gained from these far-fetched, hackneyed and false statements. M.

CINCINNATI, O., June 14, 1920.

W. N. MUNDY, M.D., care Kimball Hotel, Atlanta, Ga.

Dear Doctor: I had hoped and fully expected to be with you at the semi-centennial meeting of the National Eclectic Medical Association, and it is with keen disappointment that I find myself held here in Cincinnati by conditions beyond my control.

I looked forward wth much satisfaction to the renewing of old acquaintances and the forming of new ones, especially with our good friends from the South, who it has not been my good pleasure to know, as well as some of the members in the Northern states. I know that you will have a cordial reception, for I can vouch for it from my own experiences in other conventions in that progressive city.

The absence of two important executives from my organization and the urgent necessity of increasing our production to meet the growing demands in our business, seems to me a more important immediate duty to our customers throughout the United States, so I am standing by the wheel and steering the ship when I would much prefer to be with you at the meeting.

I hope you will have a successful conference and a renewed call to national medicine, not only strengthening the faith of those who are acknowledged members of our organization, but by precept and example leading others into the faith and practice of this system of treatment. It is surely of greater service to humanity than much of that which is heralded as the only authoratative system and which is in fact leading away from medical practice and into medical politics, therapeutic nihilism, and state medicine. This would certainly result, not in medicine, but in medical politics.

Ever and anon it becomes incumbent upon those who are privileged to see the light to take up the standard of truth and fight for it as the Crusaders of old. Eclectic practice in its early days flourished more under the opposition than it has of recent years under the tolerance and partial acceptance of its doctrine by members of the dominant schools. The opposition in early days developed strong leaders with that militant spirit which seems essential to the growth of the cause. While we have splendid men in our ranks today, our Association as a whole has lost some of that militant spirit which I believe is so essential to genuine progress.

With best wishes for a successful and profitable meeting,

Very truly yours, CHAS. G. MERRELL.

NEWS NOTES.

California.

The forty-seventh annual meeting of the Eclectic Medical Society of California met at Fresno, Calif., May 26-28, 1920. Dr. Ira A. Wheeler, president, and H. T. Cox, of Los Angeles, secretary. There was a good attendance, but the Eclectics of the northern part of the state were not numerous and seemed to imbibe the spirit of "letting the other fellows do the work."

There were several new members voted on and Drs. A. Goff, of Glendale, V. Millosick, of Fresno, and W. E. Daniels, of Long Beach, who recently moved from South Dakota, united with the society, and several were referred to the board of censors.

Dr. J. A. Munk, the veteran of the society, was among those present and gave the first paper before the society on "Phytolacca," which was very much enjoyed and largely discussed.

Perhaps it is known that Dr. Munk maintains a botanical garden at Compton, some eight miles south of Los Angeles, and is growing many of the native and foreign medicinal plants.

Dr,. H. T. Webster, of Santa Anna, gave a paper on "Resorcine."

Dr. Daniels, of Long Beach, a paper on "Summer Complaint."

Dr. Clinton Roath, "Puerperal Septicemia."

Dr. F. W. West, "Hydrotherapy as a Prophylactic."

Dr. Chas. H. Upton, "Coryza in the Child."

Dr. Herbert T. Cox, "Influenza in Children."

Dr. Stevens who lately came from Holtville, in the Imperial Valley, but now of Los Angeles, gave a paper on "Climate for Tuberculosis and other Lung Troubles," which was of much interest to those who are contemplating sending patients away for these troubles. Dr. Stevens has made this a special study for several years and is an authority on this subject.

H. W. Hunsaker gave a paper on "Goitre."

J. S. Hayes and Dr. Wheeler gave a brief talk on "Autohemic Therapy" which was much appreciated and brought out many new and startling things.

Dr. O. C. Welbourn gave the results of several cases of fracture of the seventh cervical vertebra.

Dr. T. C. Young's paper on "The Effect of Internal Secretory Glands in Gynecological Conditions" was of unusual interest.

Dr. Smith, of Glendale, also Dr. H. V. Brown, of the same place, gave interesting papers.

The entire program will appear in the California Eclectic Medical Journal and copies may be had by addressing Dr. Welbourn or Dr. J. A. Munk.

Dr. D. A. Stevens was elected President; Dr. Smith, Recording Secretary; Dr. Daniels, Corresponding Secretary, and Dr. Munk, Treasurer. The meeting place was left with the Secretary and President, but the opinion was that they meet in the southern part of the state and Long Beach seemed to be the choice. Dr. Daniels was elected delegate to the National, and in case he did not go the President was authorized to appoint any member who did attend, but the California men are in full sympathy with the National and will do their part to maintain the same.

A very cordial invitation is extended to every Eclectic and liberal

physician in good standing to unite with the State and National Society, and a letter addressed to the recording or corresponding secretary will be given attention. Do it now before you forget it.

Dr. Wheeler entertained the society at a six o'clock dinner at the close of the session. W. E. DANIELS, *Cor. Secretary.*

Drs. E. E. and Chas. A. Jeancon have removed from 1035 W. Seventh Street to 2751 Francis Avenue, Los Angeles.

Dr. R. Ora Huffman has moved from the Granger Building to 710 First National Bank Building, San Diego.

It is stated that T. Wah Hing, a Chinese herb doctor of Sacramento, was recently convicted of practicing in violation of the state medical act.

Rose Trattner, of Los Angeles, was fined $300 and given a ninety days suspended jail sentence for practicing medicine without a license.

It is reported that on May 12 Frances J. Freenor and Simon Mueller, chiropractors, were convicted at San Francisco for practicing medicine without licenses.

According to report the health officer of Stockton has refused to honor a death certificate filed by J. C. Rule, an Osteopath, showing that a ten-year old "infant" died after an operation for peritonitis and appendicitis. The health officer holds that an Osteopath has no right to perform such an operation.

The certificate of Dr. William T. Harlan, an Osteopath of Arbuckle, was revoked on the ground that he had used drugs and written prescriptions, which the certificate to practice osteopathy does not permit.

Colorado.

Dr. Walter S. Bogart has removed from Laramie, Wyo., to Aspen, Colorado.

Georgia.

William W. Baird has located at Columbus.

Kansas.

Wm. Steinhauser is located at 504 Delaware Street, Hiawatha.

Kentucky.

R. S. Killough has removed from Clinton to Amarillo, Tex.

Leo. C. G. Sauter has located with his father in Newport.

Allie E. Howe has located at Butler.

John F. Heath, Jr., has located in Covington.

The Kentucky Eclectic Medical Association met April 20-21 in the thirty-second annual session in the banquet hall of the Hotel Henry Watterson with a fair attendance. The secretary's report showed twenty-one members paid up, with two new members and one reinstatement. The Association had accumulated over a hundred dollars. A Liberty Bond which had been purchased was voted to be donated to the Eclectic Medical College, as the attitude of the members was that

unless Eclectics rally to the help of the college the school will soon cease to exist. In the discussion it was brought out that Dr. George T. Fuller had been preceptor to eleven students. If each Eclectic had done half as good as this the future of the school would have been established.

The scientific session consisted of a symposium upon influenza by Drs. T. A. E. Evans, G. K. Bowling, R. T. Rudd, J. P. Huff, Rolla L. Thomas. Dr. Evans spoke of treating 1,832 cases with 40 deaths. Dr. Rudd had 867 cases with 18 deaths. It was the consensus of opinion that the best results came from nothing to eat, lots of water and the indicated remedies. No place was found where whiskey or aspirin was of the least help. This last was given publicity in the public press.

Prof. R. L. Thomas enlightened the members as to the "complications" that might be expected after flu. His promised attendance undoubtedly had something to do with the good attendance.

Dr. G. W. Bowling presented a case of autotoxemic epilepsy.

Afer supper the members were guests of the Louisville Convention and Publicity League at a theater party. The next morning a general discussion of the needs of Eclecticism, National and State, was participated in by all. It was decided that the best thing that could happen for both organizations would be for the National to meet in Louisville next year, and the delegates, Drs. Northcutt, Evans and Mitchell, were instructed to invite the N. E. M. A. to come to Kentucky and not give way for any other city, so the city that gets the 1921 convention will fight for it. The Louisville Convention and Publicity League is backing the State organization in the request and pledges the business men as extending a typical southern hospitality. Those who remember the good time they had in 1911 will need no urging.

Dr. M. J. Sauter, of Newport, was elected president, Dr. Elmer Northcutt, of Lexington, vice-president, and Dr. J. C. Mitchell, of Louisville, was prevailed upon to serve for another year.

J. C. Mitchell, M.D.

Missouri.

Lloyd, the fifteen-year old son of Dr. H. H. Helbing, was run over by a heavy lumber wagon and died within an hour after the accident.

Dr. H. H. Helbing is spending his vacation at Colorado Springs, Col.

Nebraska.

G. L. Wagner has removed from Doniphan to Hastings.

W. S. Bartholomew has removed from Marion to Lebanon.

New York.

Dr. B. W. Cornwall has removed from Buffalo to Williamsville.

Dr. Chas. O. Wood has removed from Chicago, Ill., to Oswego, Tiogo Co., R. D. No. 2.

The board of estimate has accepted the offer of Nathan Strauss to turn over to the city his milk pasteurization laboratory for the benefit

of the children of New York on condition that the city provide funds to carry on and extend the work. The board of estimate plans to appropriate $31,691 to operate the laboratory for the remainder of this year.

Drs. Charles Elliott, T. D. Adlerman and Wm. Heeve are on the staff of the Cumberland Street Hospital, Dr. Elliott, roentgenology; Dr. Adlerman, neurology, and Dr. Heeve, surgery.

A student taking a vocational course in brush making at Public School No. 12 recently contracted anthrax. Dr. Frank J. Monaghan, acting health commissioner, has asked the board of education to adopt regulations protecting students from this danger. He has drawn a report of precautionary measures which will be presented to the commissioners of the department of education. The health department has for the present taken charge of all materials used for brushmaking in the public schools.

Ohio.

Dr. A. C. Musgrave has removed from Ohio City to 134 Dorr Street, Toledo.

Dr. Claude W. Davis has removed from East Liberty to West Mansfield.

Dr. L. E. Park has located at 1565 Washington Street, Columbus.

Dr. H. P. Werner has removed from West Virginia to Akron.

Dr. C. J. Schirack has removed from St. Henry to Canton.

Dr. A. W. Hobby, of Sidney, has returned from his post-graduate work in Chicago and will limit his practice to eye, ear, nose and throat.

Dr. E. M. Wright, of Coshocton, has been attending Harvard Medical School, doing some work in pediatrics. He is well pleased with the work offered.

Dr. Clifford G. Engle has been appointed industrial surgeon for the Lunkenheimer Company, of Cincinnati.

Dr. Chester A. Price has moved from Carthage to 617 Main Avenue, Elmwood Place, Cincinnati.

Dr. Carlisle H. Snell has located at West Farmington.

It is reported that a gift of $400,000 has been made by Mr. Charles F. Kettering, of Dayton, to promote research in the College of Homeopathic Medicine of the Ohio State University.

At a recent meeting the Ohio State Medical Board adopted a resolution canceling reciprocal relations with the Arkansas Eclectic Board of Medical Examiners. The reason stated was that the latter board persisted in examining and licensing graduates of a nondescript medical college of Kansas City which is not recognized as an Eclectic college by the National Eclectic Medical Association.

At the regular semi-annual examination in Columbus of the Ohio State Medical Board, June 8-11, 160 physicians were examined, 15 Osteopaths, 11 others for special surgical licenses, 19 Chiropodists, 6 midwives, 5 for massage. The results will be announced later.

At a special Board meeting June 10 two physicians were cited to appear before the Board for a revocation of registration, having been convicted under the federal prohibition law. Two other physicians were cited to explain their irregular professional conduct.

Reciprocity certificates on the basis of previous State Board examinations were granted to Ralph Robinson, Cornell '06, N. Y. '06, to Dayton, O., and George H. Reinhardt, Coll. P. & S. Balto. '04, Md. '04, to Cleveland.

The Eclectic Medical College was the direct outgrowth of a reform medical movement started in New York City in 1825, with the organization of the Reformed Medical College. Later it was removed to Worthington, O., a suburb of Columbus, in 1833, and in 1843 it was re-located in Cincinnati and chartered by a special act of the legislature as the Eclectic Medical Institute. The name was changed to "College" in 1910.

During the past seventy-four years the College has matriculated 14,401 students and has graduated 4,234 physicians, of whom about 100 were women. At the present time over 1,700 of these graduates are living and in active practice in various parts of the United States and several foreign countries.

During the past year we have had ninety-three students enrolled, of whom three were women. We will confer the degree of Doctor of Medicine upon thirty men and two women.

The following members of the present class have secured resident interneships in the following hospitals:

Drs. Ethel M. Johnson, J. Stanley Brown and J. A. Squillace to the Cumberland Street Hospital, Brooklyn, N. Y.

Drs. Warren W. Dangeleisen and Otto M. Hattendorff to St. Mary's Hospital, Cincinnati, O.

Dr. Jesse K. Bailey to St. Elizabeth Hospital, Dayton, O.

Dr. Frank W. Dannecker to Bethesda Hospital, Cincinnati, O.

Dr. Glenn Hankinson, to Fairview Park Hospital, Cleveland, O.

Dr. Walter S. Holley to Grace Hospital, Detroit, Mich.

Drs. John A. Flora and Bert M. Warne to Grant Hospital, Columbus, Ohio.

Dr. Edward H. Long to Springfield, O., City Hospital.

Drs. L. F. LeSoine and Lazarus Lipschitz to the Metropolitan Hospital, New York City.

Dr. Russell M. Pierson to the Deaconess Hospital, Cincinnati, O.

The others will probably enter the practice of medicine immediately.

During the past twenty years the entrance requirements for admission and study in high grade medical schools have increased very rapidly, and at the present time a prospective student must have graduated from a first grade high school and have pursued in addition a two-years' pre-medical college course covering physics, chemistry, biology, English

and any modern language. The medical course is now four years of eight months each, and following graduation a severe State Medical Board examination for registration. Those who pass the Ohio State Medical Board examination are eligible to reciprocity in twenty-eight additional states.

The result of the recent Ohio State Board examination was as follows: 155 physicians were granted certificates, 6 failed; 7 Osteopaths passed, 6 failed; only one Osteopath received a special license for surgery, 11 failing; 19 Chiropodists passed; 4 masseurs passed, 2 failed; 7 foreign graduated midwives passed, 1 failed. One practitioner taking the practical examination only passed and three failed. The following graduates of the 1920 class of the Eclectic Medical College were successful: R. M. Pierson, Ethel M. Johnson, Edgar H. Long, O. M. Hattendorff, B. M. Warne, L. Lipschitz, P. W. Kensler, Allie E. Howe, F. W. Dannecker, M. Fishman, M. I. Berezein, Jos. A. Squillace, Ercole Fiore, C. G. Engle, May C. Huling, G. Hankinson, C. A. Palmer, L. F. LeSoine, J. K. Bailey, Jr., N. Broadman, R. R. Remark, W. S. Holley, W. W. Dangeleisen.

At the quarterly meeting in July the following certificates were issued on reciprocity on the basis of previous State Board examinations:

I. A. Abrahamson, Marquette '16, Wis. '16; to Norwood.
C. H. Bailey, Univ. Pittsburgh, '11, Penn. '11; to Warren.
C. L. Baskin, Univ. Mich. '12, Mich. '12; to Akron.
E. Binzer, Ind. Univ. '19, Ind. '19; to Toledo.
K. A. Braun, St. Louis Univ. '19, Mo. '19; to Cincinnati.
A. J. Broughton (colored) Meharry '05, Ala. '05; to Youngstown.
A. B. Bruner, P. & S. N. Y. '16, N. Y. '16; to Cleveland.
H. B. Cloud, Chi. Col. of M. & S. '17, Ill. '17; to Canton.
J. A. Collins, Wash. Univ. '02, Ill. '02; to Warren.
F. H. Cook, Syracuse Univ. '07, N. Y. '07; to Akron.
F. J. Doran, St. Louis Univ. '19, Mo. '19; to Cleveland.
A. D. Finlayson, Univ. Vt. '10, Vt. '11; to Cleveland.
M. Frishman, Johns Hopkins '17, Penn. '18; to Akron.
G. W. Getze, Hahnemann, Phil. '06, Penn. '06; to Warren.
J. P. Gibson, St. Louis Univ. '00, Ind. '09; to Round Head.
G. S. Gilpin, Wash. Univ. '12, Mo. '12; to Cleveland.
H. E. Groom, Rush '19, Ill. '20; to Akron.
G. B. Harrington, Univ. Buffalo '14, Penn. '17; to Steubenville.
R. D. Hostetter, Jefferson '16, Penn. '18; to Dayton.
M. E. Jones, Univ. Md. '15, W. Va. '16; to Columbus.
V. D. Keiser, Ind. Univ. '17, Ind. '17; to Akron.
H. B. Khuri, Columbia Univ. '15, N. J. '19; to Akron.
C. H. Kilker, St. Louis Univ. '19, Mo. '19; to Cincinnati.
J. G. Knapp, Detroit C. of M. & S. '15, Mich. '15; to Cleveland.
J. F. Lambert, Balto. M. C. '03, N. Y. '04; to Steubenville.

W. N. Lipscombe, Univ. Texas '13, Texas '13; to Cincinnati.
M. C. Lyons, N. Y. Univ. '96, N. Y. '96; to Cleveland.
W. E. McCorkle, Univ. Ill. '19, Ill. '19; to Akron.
J. S. McNett, Univ. Penn. '14, N. Y. '15; to Massillon.
D. S. Park, Univ. Buffalo '19, N. Y. '19; to Fairport.
Thomas Allen Pease, E. M. C. '12, Ky. '12; to Cincinnati.
B. J. Peters, Ind. Univ. '16, Ind. '16; to Cincinnati.
L. L. Rodgers (colored), Meharry '16, Mo. '16; to Cleveland.
J. Rosenfeld, L. I. Hos. College '15, N. Y. '15; to Youngstown.
S. N. Sakorraphos, Univ. Athens, Greece '10, Penn. '14; to Akron.
W. H. Sisson, Univ. Vt. '15, Vt. '16; to Wauseon.
F. P. Sutherland, Med. Col. Va. '16, Va. '16; to Martins Ferry.
M. Velitchkoof, Univ. Ill. '19, Ill. '19; to Cleveland.
G. H. Welbrock, Univ. Va. '94, N. Y. '97; to Dayton.
Harry Rupert Werner, E. M. C. '06, W. Va. '06; to Akron.
T. A. Willets, Univ. Iowa '10, Iowa '10; to Cleveland.
R. D. Warden, Univ. Vt. '15, Vt. '15; to Ravenna.
C. C. Nohe, Univ. Md. '17, W. Va. '17; to Akron.

The following licenses were issued on the basis of previous diploma registration and practical examination:

Louis M. Blocker, Univ. N. Y. '99, N. Y. '99, Pensácola, Fla. '02; to Cincinnati.
A. B. Olson, Univ. Mich. '94, Ill. '99; to Worthington.

Four licenses were issued to various non-drugless healers on the basis of five years' previous practice, three applications were postponed and one rejected.

One hundred and ninety nurses were registered of the recent 200 examined. Fifty nurses' training schools were continued for complete recognition, five were put on the probation list for six months, and recognition was discontinued at the request of the hospital in three cases.

Pennsylvania.

Dr. Clarence E. Dech has removed to 408 Wyandotte Street, South Side, Bethlehem.

Dr. W. J. House has removed from Williamsport to Springhouse.

South Carolina.

Governor Cooper on March 10 signed the medical bill, requiring all Chiropractors, Osteopaths, Homeopaths and other healers to submit to examination before the state board of medical examiners. The state board of medical examiners held a meeting April 19 at Greenville to formulate the new rules for the examination and licensure of practitioners, and the first examination was held June 22.

West Virginia.

Dr. C. W. Halterman has removed from Weston to Clarksburg.

Wisconsin.

Dr. J. Vasser has removed from Ogenia, Wis. to Bayne, Wash.

MISCELLANEOUS.

Status of Sheppard-Towner Maternity Bill.

A distinct step toward the passage of the Shepard-Towner maternity and infancy bill has been accomplished by the favorable report on this measure which has just been made to the Senate from the Committee on Public Health and National Quarantine. The bill provides for co-operation on the part of the national government with the several states in the care of maternity and infancy cases and provides for studies, investigations and reports thereon. It sets aside $480,000 each year, of which $100,000 is to be paid annually to each state for carrying out the provisions of the act. It creates the Federal Board for Maternal and Infant Hygiene for the purpose of administration of the law. This board shall consist of the Secretary of Labor, the chief of the Children's Bureau, the Surgeon-General of the Public Health Service and the Commissioner of Education. The bill appropriates the sum of $2,000,000 for the next fiscal year in carrying on this co-operation work among the states and proposes appropriations for each succeeding year to 1925 in the sum of $3,600,000. Before any state can secure the benefits of these appropriations, the legislature of such state is required to authorize the creation of a state board of mental and infant hygiene which will co-operate with the federal board. It is also provided that the co-operative work in promoting the care of maternity and infancy shall consist of instruction in the hygiene of maternity and infancy through public health nurses, consultation centers and other suitable methods, and the provision of medical and nursing care for mothers and infants at home or at a hospital when necessary, especially in remote areas; and this work shall be carried on in such manner as may be mutually agreed on by the federal board and any state receiving the benefits of this act. The report of the committee in support of the bill was made by Senator France of Maryland. It says in part:

The testimony brought out that it is safer to be a mother in fourteen important foreign countries than here in our own country. In 1918 23,000 mothers died from causes connected with childbirth and nearly a quarter of a million babies died under one year of age. Most of these deaths are preventable. It was further brought out that the protection of the child must begin with the protection of the mother. Care during pregnancy and confinement and instruction in the hygiene of maternity, infancy and childhood must be made available for all mothers through such agencies as prenatal clinics, maternity hospitals, maternity care in the home, children's health centers, and systems of public health nursing adequate to reach every mother and child.

This neglect of maternity and infancy leads not only to thousands of preventable deaths, but to lowered vitality and permanent impairment of health and efficiency for thousands of women and infants who

survive. The Children's Bureau's studies in rural areas in six different states have revealed:

1. High maternal mortality rates, above the average for the United States as a whole.

2. The fact that 80 per cent. of the mothers had received no advice or trained care during pregnancy.

3. Many mothers had no trained attendants of any kind at confinement.

4. Inaccessibility and often entire lack of hospitals, doctors and nurses.

5. Practically no organized effort to meet the need for instruction in prenatal and infant hygiene and for trained care during pregnancy and confinement.

6. An almost prohibitive cost for providing adequate care at confinement in scattered and isolated rural districts. The very districts where advice and supervision during pregnancy and better help at confinement are most needed are the ones least able to obtain it without financial aid.

Of more than 22,000 city babies studied by the Children's Bureau and representing every type of home in seven cities, more than three-fifths were born into families where the father's earnings were below the amount which was at that time the minimum for providing the bare necessities of existence. Only one in ten was in a family where the father's earnings reached a fair minimum for comfort.

The problem is not local or sectional, but nation-wide, and federal action, therefore, is urgently needed. This bill offers a practicable method of co-operation between the federal government and the states. Such a method is already successfully operating in promoting agricultural work, vocational education and the building of good roads.

Testimony on file from governors of thirty-three states and mayors of many large cities indicates that the states are ready and eager to avail themselves of the provisions of this bill.

Medical experts testified that with the most ordinary nursing care given to mothers and the services of a nurse who will supervise and instruct the pregnant woman, the death rate in the first month of life can be reduced one-half or two-thirds. It has frequently been found that among babies of supervised women there is a death rate not exceeding 18 or 19 per cent., as contrasted with 40 per cent. of the babies of the women of the same class who are unsupervised.

Such care bears results immediately and almost with mathematical certainty, and there can be no question whatever that the women in rural communities should no longer bear the onus of having to consider themselves outcasts, as it were, and not be able to avail themselves of the same kind of treatment that is at the service of certain city mothers.

Statistics have shown in New York City that, beginning five years after the commencement of work to reduce infant mortality, the effect was felt and the death rate under five years of age has been progressively lowered, so that now the reduction in infant mortality is greater and the sickness rate is lower than it has ever been under one year of age. In other words, these children are not only saved to be alive at the end of the first year, but are protected from physical defects, ill health, underdevelopment and general physical deterioration in later life.

This bill equalizes the opportunities of mothers everywhere to receive suitable instruction in child hygiene in terms which they can understand, and provides for their care by those who are suitably trained. It also provides for methods of co-operation between various government departments which have been dealing with certain phases of child welfare.

The representatives of Democratic and Republican women and the League of Women Voters testified to the need of impressing upon lawmakers and politicians that the government has a responsibility for the care of mothers and babies. The greatest duty of government, the real purpose for which it exists, is to promote the general welfare.

Heretofore Congress has appropriated large sums for hogs and cattle. It is not because men think more of hogs and cattle than they do of babies that they vote $47,000,000 for them and nothing for the little ones, but because they have been thinking of the father's end of the problem. They have not seen that there was another side to the problem that was just as much the public business, namely, right conditions surrounding mothers and babies at home. Mothers will always think of the baby first. They are made that way; that is why it is a good thing for women to be in politics at this particular stage of the world's history, when conservation of life is so important.

There is no difference of opinion among the women as to the necessity for this measure. Furthermore, they have great confidence in the administrative feature of this bill, which provides that it shall have as its administrative officer the chief of the Children's Bureau. They feel strongly that this is a woman's question and they heartily approve of the legislation which proposes to give the administrative function of the bill to a woman, who is the chief of the Children's Bureau and who has already done so much for the children of the nation.

Other speakers testified that the death rates of babies within the United States vary from those which are exceedingly unfavorable, according to the care available for mother and child. Rural isolation, civic neglect, low income, ignorance, are among the chief accompaniments of high infant mortality in the United States.

Plainly, it is for the public interest that young life and maternal life should be conserved. But in order to give an approximately fair chance for life for every child born, it is impossible to rely solely upon local

funds and initiative, otherwise the figures would not show the present extreme variations in localities of varying resources.

This bill recognizes that the family is the social unit, and that upon its physical, mental and moral adequacy depends national progress. Family well being involves many services, among them those of teacher, physician, nurse and social economist.

The ground for this work is already broken in two-thirds of the states at least; the seed is already planted in the hearts of the executives, and only the stimulus of federal action is needed to make the work flourish.

It can not be ignored that the rising thought throughout the world recognizes that all life is precious, that life which is creating life is doubly precious, and that the mothers and infants must be protected.

This committee believes that Congress should take prompt action on this measure. It has been said that the 23,000 mothers who died from causes connected with childbirth in 1918 and the 250,000 infants comprised a total casualty list that is as large as our total casualty list during the war.

Congress should not be passive in the face of this great loss, not only economic, but social and moral as well. We believe that the United States should be pulled up from its present ignominious position as a squanderer of mothers and babies.—Journal A. M. A.

OBITUARIES.

Barnum, Charles E.—Eclectic College of Physicians and Surgeons, Indianapolis, 1893, died at Indianapolis, Ind., June 11, aged fifty-seven.

Brandenburg, Charles Wesley.—Eclectic Medical College of the City of New York, 1891, died at his home in New York City, July 17, aged sixty-nine.

Canavan, John Francis, of Bridgeport, Conn.—Eclectic Medical College, Cincinnati, 1913, died at Wallum Sanatorium, April 20, aged thirty-two.

Cheney, Nelson.—Eclectic Medical Institute, Cincinnati, 1868, died at Corning, N. Y, June 21, aged eighty-four.

Conoway, Henry Oliver.—Eclectic Medical Institute, Cincinnati, 1875, died at Grand Island, Nebr., April 1st, aged seventy-one.

Cook, William B.—Bennett Medical College, Chicago, 1882, died at Chicago, Ill., May 19, aged sixty-nine.

Crandall, O. H.—Eclectic Medical Institute, Cincinnati, 1857, died at Quincy, Ill., January 17, 1920.

Ellingwood, Finley, of Chicago, Ill.—Bennett College of Eclectic Medicine and Surgery, president National Eclectic Medical Association, 1918-19, died at Pasadena, Calif., June 29.

Galtz, Julius A.—Bennett College of Eclectic Medicine and Surgery, Chicago, 1887, died at his home in Chicago, Ill., April 1, aged sixty-seven.

NEW APPLICATIONS FOR MEMBERSHIP

May 30 to September 30, 1920.

Arkansas—Jeffery, T. E., Ft. Smith; Wilson, J. G.; Clutch, B. D., Little Rock; Kendall, W. S., Jesup; Witt, B. M., Little Rock.
California—Ohnemuller, Catherine E., Los Angeles.
Florida—Daniel, Archie, St. Cloud; Di Maio, J. D., Ybor City.
Illinois—Heinze, Eugene P., Chicago.
Indiana—Billman, Beryl I., Sullivan; Douglas, R. B., Terre Haute; Gardner, C. B., Bicknell; Imnay, W. C., Lowell; French, Wm. G., Evansville.
Kentucky—Echert, A. D., Newport; Higgins, Mathias, Jr., Newport.
Ohio—Hoffer, Wm. E., Franklin; Waterman, W. E., Cincinnati; White, W. A. Salesville; Overhulse, L. E., Holgate; Overhulse, Elizabeth, Holgate; Martin, Ira N., Portsmouth; Culley, Chas. F., Cleves; McLachlan, J. H., Cincinnati; Black, Irvin, Gilboa; Conner, J. F., Sidney.
Oklahoma—Hames, W. S., Blanchard.
New Hampshire—Lefferts, M. Powell, Hudson.
Missouri—Koch, A. H., St. Louis.
Tennessee—Keil, F. L., Lavinia.

READING NOTICES.

Trained nurses are in great demand and now earn $35 to $45 per week after state examination and registration as "R. N.)) The entrance certificate required by the Ohio State Medical Board covers four units or one year of high school work. A three-year course is required—three months' probation after that. Each nurse is allowed $7 per month to cover cost of books and uniform. Applicants should be between 20 and 32, of good character and physically able to undertake this profession. For detailed particulars of course beginning in September address Superior Training School for Nurses, Seton Hospital, 618 West Sixth Street, Cincinnati, O.

Strengthening the Heart Action.—It has been demonstrated conclusively by clinical experience that Cactina Pillets reinforce and support the heart. A pillet every two or three hours will soon produce a pronounced tonic effect on the cardiac muscle, with corresponding improvement in the regularity and strength of the heart's action. Cactina Pillets are non-cumulative and can be used as long as may be necessary in chronic cardiac disorders, without a single ill effect.

Constipation After Surgical Operations.—Prunoids may be employed after surgical operations with every confidence in their power not only to prevent the paresis of the bowel, which frequently follows abdominal surgery, but also to overcome this condition when it develops. Used properly Prunoids incite the physiologic activity of the intestinal canal and impart tone to the muscular structures of the intestines. They are especially adapted, therefore, for relieving the bowel condition that often follows abdominal operations, and may be relied upon to restore the intestines to their normal function.

In the spring the eliminative functions do not present their usual activity, owing to the torpor and locked-up secretions which have existed during the winter months, and if this conditions remains neglected the probable result will be a pronounced attack of rheumatism, neuralgia or grippe in one or another of its forms. The necessity of a powerful eliminant is self-evident and a complete cure cannot be expected until the poisons are thoroughly expelled from the system and the diseased organs enabled to resume normal functions.

Tongaline, by promoting the absorptive powers of the various glands which have been clogged, and by its stimulating action on the liver, the bowels, the kidneys and the skin, will relieve the pain, allay the fever, eliminate the poisons, stimulate recuperation and prevent sequelae.

Cod Liver Oil for Children.—In choosing a therapeutic agent for long use in children, particular care must be taken to combine palatability with therapeutic efficiency if regularity in its employment is to be secured. Children object to disagreeable remedies, sometimes with such marked vigor that the mother or

nurse has great difficulty in inducing them to take it at the stated times. This holds good especially with cod liver oil, a point which renders it necessary to choose a cod liver oil preparation that is palatable and to which little patients will not raise objection.

In Cord. Ext. Morrhuae Comp. (Hagee) physicians will find a cod liver oil product of definite therapeutic value and which at the same time is palatable. The disagreeable features of the oil have been eliminated without reducing its therapeutic powers. It is well adapted for use in children, especially in cases where its use must be continued for a long period.

Gynecological Suggestions.—Beginning with this issue, starts a series of unique announcements in the form of the "Gynecological Suggestions." These suggestions appear in the advertising section of this journal and present what appears to be a page from a book of "Gynecological Suggestions."

Each suggestion is a valuable hint within itself outside of the reference to the therapeutic administration of H. V. C.

Each month a new page will be turned and a new suggestion presented to our readers. The hints are worth while; see what they convey.

In a recent issue of the Proceedings of the Biological Society in Paris (1919, No. 23, pp. 937-939), P. Govaerts submits evidence proving that the red blood corpuscles play a role similar to that of the phaygocytes and that their action is even more rapid in destroying the toxins liberated through the destruction of invading bacteria by phagocytosis. Govaerts, through his independent work, has verified the correctness of the views of Horovitz, and the claims which have been put forth in behalf of Proteogens in the treatment of various diseases and disorders which hitherto had not yielded readily to ordinary therapeutic principles.

Proteogens are composed of vegetable proteins, enzymes, ferments, liquids, etc., derived from a variety of non-toxic plants, especially selected and combined to meet existing conditions in the human organism, as affected by perverted metabolism and the invasion of micro-organisms characteristic of the disease.

Interesting literature setting forth the scientific facts and theories that led to the evolution of the Proteogen therapy, can be obtained from the Biochemical Department of the Wm. S. Merrell Company, Cincinnati, Ohio.

A very valuable and interesting work has just been published by The Macmillan Co., New York. It is entitled "The Treatment of Syphilis," and is from the pen of H. Sheridan Baketel, A.M., M.D. The volume covers very thoroughly and convincingly the field of intravenous and intramuscular medication, and the administration of arsphenamine or neoarsphenamine. It gives in minutiae, step by step, the proper methods for the actual introduction or arsenical products into the system.

Speaking of the after treatment in cases where intramuscular injections have been given, the author says:

"In England and on the Continent it is the habit, after giving an intramuscular injection, to cover the surrounding parts with sterilized absorbent cotton fixed with elastic collodion. The patients were instructed to rest in bed for twenty-four hours, and according to various reports the majority of them complained only of the stiffness in the hip and thigh and occasionally of pain in the lower extremity.

"Some physicians also utilize a clay dressing, like antiphlogistine, in place of cotton. It is their custom to cover the entire gluteal surface with a thick layer of properly heated antiphlogistine and to cover this with gauze, and over that absorbent cotton. This application seems to work well following the intramuscular injection, and not only aids in the prevention of pain and to a considerable extent prevents any abscess formation, but enables the patient to attend to his ordinary affairs."

Dr. Baketel is Professor of Preventive Medicine and Hygiene and Lecturer on Genito-Urinary Diseases and Syphilis in the Long Island College Hospital, Brooklyn, N. Y.; Attending Syphilologist and Chief of Clinics at Volunteer Hospital, New York; Genito-Urinary Surgeon to the House of Relief of the New York Hospital; Lt. Col. Medical Reserve Corps U. S. Army, etc., etc.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

Vol. XII. DECEMBER, 1920. No. 2.

PUERPERAL INSANITIES.

W. E. Postle, M.D., Columbus, Ohio

Mental disturbances in connection with pregnancy and child-bearing are of frequent enough occurrence to be worthy of some study and attention from the family physician. The function of child-bearing and nursing being an absolutely normal one, can in no way be ascribed as the cause of insanity. Other causes may play a very important part; principal among these is that of heredity. The neuropathic woman will conceive and bear children as well as her more stable and healthy sister, and from instability and temperamental disturbances we sometimes find such women, during the stress of pregnancy, confinement or lactation, suffering from a considerable degree of mental alienation.

In this paper we do not wish to consider cases of insanity independent of pregnancy, though it will be always important to recognize the mental state of a patient, as women suffering from dementia precox, manic-depressive or other forms of insanity bear children, though probably less readily than normal women; but it is well to recognize the difference between these cases and those of so-called puerperal insanity.

The disturbed mental and nervous state of a woman during the early months of pregnancy, is of so frequent occurrence as to be familiar to all. Sometimes this disturbance lasts throughout the months of gestation and is of enough importance to demand attention. The irritability and depression, with foreboding and delusional ideas, is not usually great enough to cause alarm, and indeed when mild is accepted by friends and family as a normal condition, and except in pregnancy of an unmarried woman seldom assumes any of the elements of danger and will require only ordinary management.

Puerperal insanity following confinement, as it usually does in from one to three weeks, is a far more serious matter and one which is much more difficult of management and treatment. These cases are serious because of the acuteness of the attack and of the physical condition of the patient, and to obtain a successful result our recognition of them should be prompt and our treatment vigorous and faithful. Aside from the hereditary factor as to cause, there is probably a toxemia due to changed metabolism, the enlarged and discharging uterus and the rapid determi-

nation of circulation to the breasts. This, added to the nervous shock and strain of labor, would seem quite sufficient to produce the mental disturbance. It does not seem to be related to puerperal fever or septicemia; the vaginal discharges often remain almost unchanged, though these discharges, as well as the flow of milk from the breasts, usually diminish to a considerable degree.

The nature of the mental disturbance will be of the manic-depressive type of insanity in most cases and will manifest itself in from one to four weeks following confinement. Labor will probably have been normal and the mother and child seemingly doing well, with nothing to warn the physician of any impending danger, and he will usually have discontinued his visits. The mother will begin to manifest a change of disposition and a wandering of attention from her usual objects of interest, and a manifesting of abnormal thoughts and feelings, expressed in language that will attract the attention of the nurse and family. The symptoms develop rapidly. In a day or two the patient begins to show a perversity about taking her medicine, or taking food, or following directions of the physician or allowing anyone to persuade her to do anything except follow the dictates of her disturbed mind. She neglects her baby, or may manifest an aversion or even hatred for it. May conceive a dislike for her husband or other members of the family, or those about her; is inclined to become quarrelsome and very difficult of management. In some cases will become morose, sullen and melancholy, refusing to take either medicine or food; but in most cases becomes talkative, restless, sometimes noisy and exhibiting a considerable degree of mania. May sing and laugh and talk, or may rave and scream and show a tendency to resist all attention and control.

These symptoms develop with much greater rapidity in a case of puerperal insanity than in other forms, as it requires but a few days, in most instances, to show a well developed state of mental disturbance. Physically she becomes weaker and the heart becomes rapid, the pulse soft and lacking tone. This is due to the fact that physical deterioration is rapid and serious; in fact the principal danger from an attack of puerperal insanity is the danger of exhaustion and collapse. The patient usually refuses food or accepts it in such small quantities that it amounts to about the same thing.

The dangers that confront the case are the danger of exhaustion or suicide of the patient, or of infanticide. The danger of suicide in some cases is very great, and such patients must be carefully watched and safeguarded against this accident. A faithful and competent nurse is necessary, and often it is far better to place the patient in an institution prepared to take care of such cases. The danger of infanticide is sometimes very marked. In any case the mother is in no condition to give the care and attention necessary to the well-being of the child. In fact, the presence of the baby in the sick-room will sometimes prove so disturbing to the mother, that it is better to have it taken entirely away out of her sight and knowledge.

The danger of exhaustion, however, is the greatest menace to a favorable outcome. If allowed to go without sufficient food, the patient becomes weak

and debilitated to such a degree that no stimulants or medicines will even temporarily overcome the condition. In the melancholy cases, which are few, the patient may simply refuse to take either food or medicine—a form of negativism; but in the cases developing mania the patient may be excited and talkative to such a degree that the attention can not be held long enough to get her to take sufficient food. In either case there is but one thing to do. There is no hope for a patient of this kind unless she can be sufficiently nourished to carry her safely through the exhausting progress of the disease

In the very badly disturbed cases, resort will probably be had to the feeding tube. In the milder case, a strong, competent nurse may be able to feed the patient without the use of the tube. In using the feeding tube for mental patients it is nearly always necessary to pass the tube through the nose and so down the throat into the stomach—a not very difficult operation to one who has had a little experience in using it. The patient should be fed at least twice a day, preferably with milk and eggs. Two raw eggs, beaten up well in a pint and a half or two pints of good rich milk, will form a single feeding. This will be digested and assimilated as perfectly as though the patient were blessed with a good appetite. If the feeding and handling of the patient is done in the proper manner, the patient is not made angry nor more difficult to care for. This feeding must be continued until the patient is willing to take food per mouth.

Such medicines as may be absolutely necessary can be given at the time of feeding, but it is not well to struggle or argue with such mental cases in order to get them to take medicines with the regularity usually prescribed. The medical treatment is ordinarily very simple. They may require a hypnotic to produce sufficient sleep. Since sleep is as important as food, this can not be neglected, and the hypnotic may be veronal or luminal, or other suitable remedy, and can be given with the food or through the feeding tube if necessary, though where the patient does not object to taking medicine it is better to give it with the glass of milk at bedtime. Other medication will be along general lines. The bowels should be kept well open and the patient given plenty of water to drink. There may be no fever at any time, but in the cases following closely upon confinement there is likely to be a rise of temperature that may be great enough to demand some attention. The sedatives may be found useful, but usually the disturbance is not sufficient to call for their use. Pulsatilla and cannabis indica are often very useful in quieting the nervous state and seem to greatly relieve the irritability of the patient.

A case of puerperal insanity usually terminates in a much shorter period of time than the ordinary forms of manic-depressive disturbance. Nearly all will recover, but there is in most instances a distinct tendency to a recurrence with each succeeding confinement. It is well to advise such patients against future pregnancy, as the attacks are likely to increase in severity and may even end in an incurable state of mental alienation.

To obtain a successful outcome for the usual case of puerperal insanity, it is necessary that it be recognized promptly, treated firmly and actively and the dangers enumerated above given careful consideration. Few forms of

mental disturbance make such good recoveries as those of puerperal insanity, when properly safeguarded and intelligently treated.

TREATMENT OF INFLUENZA.

R. L. Thomas, M.D., Cincinnati, O.

In the April number of The Therapeutic Gazette, Howard Fussell, M.D., Professor of Applied Therapeutics in the University of Pennsylvania, Philadelphia, says: "There is no specific treatment, either drug, vaccine or serum, for influenza. The patient should be immediately put to bed in a well ventilated room, isolated from the other members of the household; should be given an abundance of water and 10 grains of potassium citrate every three hours. If there is much headache and muscular pain, a capsule containing three grains each of Dover's powder, phenyl salicylate and acetphenetidin may be given every three hours."

Speaking of influenza pneumonia, where severe, he says treatment is almost a hopeless task. Of course, *we must try.*

"If the case has high fever, enterocylsis by the Murphy method of a 25 per cent. glucose or an alkaline solution seems of value. Digitalis, 15 drops every three hours, and atropine hypodermically, also appear to relieve the symptoms."

I have made this rather lengthy quotation to show how helpless the dominant school was in the treatment of this disease. He closes a four and a half page article in these words: "Immediate rest, water, fresh air, and perhaps alkaline treatment in general, will give the best results."

The etiology of influenza being unknown, there is no specific prophylactic treatment other than regular habits, a normal amount of rest, plenty of fresh air and an abundance of pure water and a nourishing but easily digested diet,. There is also no known specific treatment. To outline a treatment for all cases of influenza is to court defeat, and was partially responsible, I believe, for the large mortality in 1918-1919.

The patient should be put to bed early and not allowed to leave it until the temperature has remained normal for at least forty-eight hours. If the bowels have been sluggish previous to the attack, a thorough action should be obtained by any good laxative.

Toxemia was the basal lesion in 1918-1919, and the one remedy most frequently indicated for that condition was sodium sulphite, as shown by the moist, dirty coating on the tongue. In 1919 and 1920 potassium was more frequently called for than the sodium sulphite, as shown by dirty tongue and foul breath.

For the respiratory lesion, bryonia, euphrasia, eupatorium, gelsemium, lobelia, ipecac and macrotys were the remedies most frequently called for, the indications for their use are so well known to members of our school that it is unnecessary to repeat them. As to heart stimulants, they will not be

called for if there has been no depressing treatment. The exceptional case may have cactus or digitalis, but never whiskey.

This is a depressing disease, and all depressants should be avoided. In strong, robust patients with headache and general myalgia, a single 5 grain aspirin or phenacetin may be given the first day, after which gelsemium or the indicated remedy will control the severe aching and make any pain that remains bearable.

As to local applications, libradol or the old emetic powder greatly aids in giving relief. To sum up the treatment, will say: meet the conditions that each case presents, avoid all depressants, and the mortality will be very low.. we could see a change.

DISCUSSION.

Dr. T. D. Adlerman (New York): I was surprised that Dr. Thomas did not mention his treatment for certain conditions often met with in influenza, that is, encephalitis lethargica. I have had two or three cases in my private practice and they are always difficult to handle. The post-mortem is negative, the findings about the same as in influenza. As a rule, in encephalitis lethargica your patient will become very sleepy and stuporous, and then unconscious. What are we to do with them? I must acknowledge that my own personal experience has been rather sad. In my hospital service, out of three cases, two died. In my private practice, of the two cases, one died and one got well. I am somewhat ashamed to acknowledge that we have no particular specific treatment for encephalitis lethargica. My treatment has been purely guess-work. I was in hopes that Dr. Thomas, with more experience than I, might give some slight outline. After losing one or two cases trying different drugs which did not work (I did not use any vaccines or serums, I did not use bryonia, gelsemium or veratrum), I finally abandoned all treatment and did nothing but supportive treatment—support the patient by all possible means, and leave it to time. It has been my fortune to be in consultation with allopathic physicians, and their experience and results were even worse than mine. If Dr. Thomas would kindly enlighten us on this particular line I will be much obliged.

Dr. J. E. Holman (Indianopolis): I agree with Dr. Adlerman. In some of my cases the treatment was very much guess-work. I would like to ask if anyone has a good outline of treatment for pulmonary edema. A plain case of pneumonia is very easy to treat, but, as Dr. Adlerman said, in some of the difficult cases nothing seems to do any good. I had experience with three cases of pulmonary edema, and nothing I did was of any avail. I had other men to see the cases and they recommended the same things I was using, but my patient died. To me pulmonary edema has been the stumbling block in the treatment of influenza. But I do not hear it mentioned. A plain, simple case of pneumonia, if put to bed on a liquid diet, with good catharsis and plenty of rest and quiet, will get along pretty well, but it is these pus pockets that form for which I would like to hear some treatment. I presume some cases are not amenable to treatment for pulmonary edema. I have used five to ten c.c. of vaccine, Lilly's, Parke-Davis's and Mulford's, and in about 75 per cent of the cases where I used vaccine they had influenza. In one family I had four cases, and I gave them vaccine, increasing it until I gave one and a half c.c. They all had influenza, but in a lesser degree than those that had not had vaccine treatment. I am rather confident that vaccine did help ward off pneumonia. In other words, the vaccine was prophylactic, but very poor treatment.

Dr. E. C. Aurin (Ft. Ogden, Florida): I enjoyed the papers very much. I have treated influenza specifically and no other way. I did not use vaccines because, as far as I could find out, no man has isolated the specific cause. We do not know the etiology, we do not know the specific germ, and how are we going to meet it? I did find, however, in a number of cases that I had to resort to heart stimulants from the first. I remember one case, one of six in a family, and that case I kept on strychnine and nothing but strychnine from the beginning to the end. I did use cathartics. But the greatest thing I did, the thing that brought the best results, was to give them plenty of fresh air and sunshine. One man was the father of eighteen children, and therefore he had his house built like state-rooms in the old days of river boats; but I made him move out, and in twenty-four hours we could see a change.

Dr. D. E. Saxton (Tampa, Florida): I used specific medicine in my cases of influenza, used the remedies indicated by the symptoms, and I lost only one case, and that was from excessive hemorrhage of the lungs. One thing that is contrary in the treatment of influenza is that while plenty of fresh air and sunshine is always recommended as part of the treatment, yet the negroes when they get it always close the doors and pull down the windows and keep the house closed up tight; and yet scarcely any negroes died of influenza. They covered up in bed and stayed there until they got well.

Dr. Frank B. Crowell (Lawrence, Michigan): A year ago last winter I attended the Kalamazoo Academy of Medicine, which is a branch of the Michigan State Society, and influenza was the only disease discussed. It seemed that the concensus of opinion there was to use vaccines and bicarbonate of soda. I had absolutely no faith in vaccines, although I do believe in the soda. I stood it as long as I could and then I got on my feet and said that in 90 per cent. of cases of influenza we have the same general symptoms —the chilly feeling, the flushed face, bright eyes, contracted pupils, the general aching, and we have one remedy which, if given in large enough doses, will control these symptoms, and that remedy is Lloyd's gelsemium, given in doses of about twenty to twenty-five drops every hour. I sat down, and what I said fell flat; not a word was said; but I had done my duty. About a week from that time I was again in Kalamazoo and went into Coleman's drug store and asked for gelsemium. The proprietor said, "It beats all how much gelsemium I have been selling the last week. I have sold over forty four-ounce packages to doctors in this town." They would not give me credit, but they were hungry for this thing. I was a little bit surprised when the *A. M. A. Journal* came out about a year ago and said there was absolutely nothing in vaccine treatment.

Dr. John B. Mathews (Blue Mound, Illinois): In the fall of 1918-19 I had 452 cases of influenza (the allopathic doctors were in the army and I had all the work to do), and I only lost one, and that was a young man with acute pneumonia. We only need three remedies to treat influenza. Treat the fever with aconite, the kidneys with apocynum, and keep the bowels open with podophyllum. You want to give them plenty of air and sunlight, put them on a liquid diet, and with good nursing and these three remedies you will not lose one out of fifty cases.

Dr. William P. Best (Indianapolis): I am afraid we are getting off the subject. I do not like some of this talk. When a man gives a remedy he should have a reason for it, I do not care who is giving it or what it is for. If you have an indication for gelsemium, give it; if you have indication for veratrum, give it, and if you do not, let it alone. Do not give the patient something he does not need. I have just as much to say for

vaccines. There is not a man anywhere, with all the investigations that have been made, that can tell why we have influenza. The etiology of it is not known. We are just as much at sea in regard to the treatment as Dr. Adlerman is in the treatment of the type he mentioned. If there is no specific germ that produces influenza, how are you going to make a specific vaccine? And if your vaccine means anything at all in scientific medicine it must be specific if nothing else. There is no getting away from that. Dr. Wright started out on the basis of specific medication, but, like many other good ideas, people got away from it and are floundering around and do not know what they are doing. They put six or seven different kinds of bacteria in to one serum and say that is the best they can do. That is not specific medication, nor is it scientific medication. The Journal of the A. M. A. said two years ago that the treatment by vaccines was a failure, absolutely a failure, and that was written by no less a man than Dr. Hektoen, of Chicago, one of the brainiest investigators the United States has produced. If such men as that say these things in regard to treatment by this method, what are we to say about it?

Another remedy that we see a good deal of is aspirin. All the people under my care who died of influenza had of their own accord taken aspirin before I saw them. Dr. Taylor, of Philadelphia, said at Atlantic City two years ago something like this—that there may be some hearts that can withstand aspirin; there may be some hearts that can withstand influenza; but there are no hearts that can withstand both aspirin and influenza.

Dr. N. A. Graves (Chicago): I have been very much interested in the papers read and in the discussion. I would like to say that Dr. Best expressed my opinion very thoroughly in regard to the use of medication. I do not think we differ so very much after all. Dr. Matthews has three remedies. These are all right if they are indicated, but I feel as Dr. Best does, that unless you know why you are giving a remedy it is better for the patient if you do not give it. I cannot say anything that will add to what Dr. Thomas said in his paper. There is only one thing I would like to say, and that is that you should be sure to put your patient to bed early and keep him there until he is entirely well. Then I would like to differ with him in one statement he made, and that was in speaking of the use of whiskey, he said: "Whiskey, never." I do not believe that. I believe if a man is accustomed to taking whiskey he should have it from the time he is taken sick until he is well. I do believe that an individual who is accustomed to take whiskey every day for years, if he becomes sick with influenza, needs the stimulant that he is accustomed to throughout the entire course of the disease.

Then I feel as does Dr. Adlerman in regard to so much medication. How can you tell, if you are giving gelsemium, if you are giving intravenous and other vaccines, how can you tell which accomplishes the results? It seems to me it would be impossible. I would use the indicated remedy and ony the indicated remedy, and while we differ perhaps a little, yet I am sure we agree in regard to the medicines that are particularly indicated.

Now in regard to a wet lung. A year ago we met with very many cases of pneumonia where we had a moist or wet lung, where the lung became full of a sero-purulent fluid and the patient became blue, and the most of them died. I want to tell you that so far as I know there is no medication, no serum, there is nothing that will cure some of these cases where you get an active edema of the lung such as we had winter before last. I saw a few cases get well, but they received heroic doses

of atropin hypodermically. One or two got well, but the great majority of these cases, in spite of all we could do, died. While I believe you can save a few of them by the use of atropin, there are very few that will recover.

Dr. W. N. Mundy: In these cases of pneumonia you mention that were so severe, was this true edema of the lung?

Dr. N. A. Graves: That is absolutely true edema of the lung. The post-mortem showed that. It was a sero-purulent fluid and that is what we understand by a wet lung.

Dr. W. N. Mundy: I understood edema of the lung was not a purulent secretion.

Dr. T. D. Adlerman: The repeated statement was made by one of the professirs in Vienna that you do not die of edema of the lungs, but you get edema of the lungs when you are about to die.

The President: I would like to make a suggestion. I have had a good many cases of flu pneumonia the past two years, and while I do not claim this as a personal achievement, it is due to specific medication (most of my cases have been mild), they did not go bad from this treatment. Two cases died—old ladies who had Bright's disease already. But I gave them the remedy that was specifically indicated. I have had no case of edema of the lungs. I suppose it is good luck, but I have not found a case of pure edema of the purulent type. If I did, I think I would give the remedy that we give to relieve edema—apocynum. Try it, and let us hear from you next year.

Dr. R. L. Thomas: I certainly have been interested in this discussion, and I want to say that I do not for a moment claim to have a line of treatment that will cure all cases of infectious disease. There is no line of treatment that will cure everybody. Unfortunately, man is mortal. There are some cases of edema of the lungs, a large majority, that will die. There is more disease than nature and the doctor can take care of, and you see these patients die within twenty-four or forty-eight hours from the time they come down. The same may be said of the cases Dr. Adlerman had. But there are in the treatment of any disease, certain underlying conditions in each individual case, and if you meet these conditions with the remedies that seem to have a peculiar affinity for these conditions the patient improves.

As for the use of vaccines, that is a very fine-spun theory and sounds very nice, but as long as we do not know the cause how are we going to find a vaccine that will overcome it? So far as the antibodies are concerned, I believe when you get the indicated remedy the antitoxins take care of the antibodies. What in the world became of the patients in the early days of medicine when we had never heard of serums and vaccines and antibodies? They tried to meet the conditions, nature came along and multiplied the antibodies, and the patients got well. It sounds very scientific to talk about these different things and what they will or will not do, but I believe if you treat influenza like any other disease, not because it is influenza, but treat the conditions as they arise, you will be successful, remembering always that influenza is one of the most depressing conditions we have, and add to the depressing disease a depressing treatment and you have bad results. A great deal of the treatment in this epidemic was decidedly depressing. In those cases with extreme nervous headache I gave from three to five grains of phenacetin the first dose and they got relief almost at once, and you do not have much depression from that dose. I saw several patients who had had antipyrin every three hours, and they were getting worse. There was a depressing

treatment which if kept up long enough, probably would have caused a great deal of damage. In any depressing disease such as influenza, avoid depressing treatment.

MYXEDEMA.

THEODORE DAVIS ADLERMAN, M.D., BROOKLYN, N. Y.

I believe I am justified in describing under the terms myxedema a few of the clinical pictures which mainly depend upon or are associated with disorders of the thyroid activity, such as an atrophy with its consequent loss of functions of the thyroid gland, or which in any way cause any pathological changes in the thyroid gland, such as fibrosis of the thyroid gland with an atrophy of the secreting epithelium. All of the cases present a myxedematous condition, a progressive mucoid transformation of the connective tissue with a steadily progressive mental and psychical sluggishness or even a complete mental failure.

The word myxedema means "mucous swelling." The disease occurs in men, women and children. If it occurs in infancy we term it cretinism. Many of the writers upon this subject claim to have found the disease more in men than in women, usually about middle life, but most of the cases appear between the ages of thirty and fifty. In all cases the very beginning of the affliction is of a very slow character and of a gradual development. In very many of the cases the disease will follow an attack of acute rheumatism, or some infectious fever, or even a severe hemorrhage.

The skin becomes thick and somewhat of a dry feeling seems to cover the body, the skin of which becomes edematous. This edema is very much marked about the face and hands and causes a distinct deformity of these parts. The skin at a first look seems to be swollen and hard, it does not pit on pressure, it is rough and does not perspire. In fact, all dermal changes are very distinct and characteristic. The color of the skin is mostly pale and somewhat yellow; the face assumes a peculiar apathetic look, the lids become heavy and droop, the nose and lips are markedly increased in their thickness, the ears are enlarged, while the cheeks of the face round out and show a characteristic trembling. In general the face may be said to have a moon-like appearance. The hair is dry, brittle, lifeless in appearance and shortly falls out either in patches or in mass.

The hairs on all portions of the body seem to undergo some peculiar changes; they become very scanty. At about the same time the gums commence to undergo a change; they become bluish in color, bleed very easily, while all the mucous membranes become somewhat dry and elastic. The nails of these patients assume a very characteristic appearance; they look bruised, become brittle and crumble very easily. The striated look of the nails is very marked and they are also atrophic. As the tongue becomes more and more thickened, the muffled voice and diffi-

culty of swallowing also appear. As time goes on and the case progresses the general appearance of the patient is changed and a new clinical picture is presented to you.

The peculiar apathetic look, the slow, deliberate physiognomy of these cases is very marked. The face becomes very coarse, rough, broad, dead-like; the lips thicken, the nostrils and mouth are very much enlarged, mentality is slow and enfeebled, a mental stupor shows itself, the speech is visibly affected, becomes slow and sluggish, while all the bodily movements become lethargic in their nature. As these symptoms increase, and the memory becomes feeble and even often fails completely, the patient becomes irritable, and with this hallucinations, as well as delusions of either a melancholic or even maniacal nature, make their appearance. In most of these cases a sort of dementia is very apparent. As a rule, most of the myxedemic cases are very somnolent.

The swelling of the myxedema is a very characteristic point, inasmuch as it does not pit on pressure, in contrast to edema found in cardiac, kidney or liver troubles. Associated with the above, we also find in most of the myxedemas a subnormal temperature, more or less of a cardiac weakness, with a very irregular pulse. The conjunctivæ of many myxedemas are also very peculiar, presenting a sloppiness which is especially marked by pushing up the lower eyelid at the outer angle of the eye.

Many of these cases complain of a trobbing in the ears, and the ever-present sensation of coldness. The general tendency of the malady is towards helplessness, marasmus, and then death. The diminution of intelligence, simultaneously with the swelling of the facial skin, the conspicuous change in the physiognomy of the patient, the peculiar imbecile like expression, all lead to a proper diagnosis.

Chvosteck's symptom of tetany, increase of the mechanical irritability of the nerves, seems to be present in most of the cases of myxedema.

In conjunction with the above we must mention operative myxedema, congenital myxedema, sporadic myxedema, sporadic cretinism and cretinism of endemic nature.

Operative myxedema will follow a total extirpation of the thyroid, usually in about four or five months. The same condition may also result from injuries or partial removal of the thyroid.

Congenital myxedema may be observed very early in life, sometimes even at about one year of age, and very often in an ancestry in which alcohol, degeneracy or phthisis have played an important part. The symptoms are so well-known and are so characteristic as to need little description.

The child does not seem to grow, either bodily or mentally. The tongue is large and often hangs out of the mouth. The other characteristic symptoms of myxedema are present. The abdomen is large, puffy and swollen. The adult cretin resembles in stature and in mentality a child of two years.

Recent statistics show that offspring of two goitrous parents will usually result in a cretin who may or may not be goitrous, but who will prove to be myxedematous. This has been proven by Kocher.

Cretinism depends upon loss of function of the thyroid gland. Endemic cretinism is usually found in regions where endemic goitre prevails, while sporadic cretinism is found in all countries of the world. A general description of cretins is a short body—a squat figure, so to say—a full, prominent belly, blubber lips, sunken at the root of nose, a wide-open mouth with a swollen tongue, and an idiotic expression on the face.

The treatment of myxedema, which has been very unsatisfactory for very many years, presents at present a more hopeful outlook. The administration of the dried or powdered thyroid gland gives fairly good results. The administration of the thyroid must, however, be done with a great deal of care, as it may be followed by very grave results. The administration of this agent requires skill and the utmost care. The minute restlessness, delirium and a rapid pulse ensue, the dose must be diminished at once, but small doses are necessary for a long time to come in order to establish a cure. In many cases the results are very favorable. Put your patient to bed, or sudden heart failure may occur from the thyroid administration.

As soon as your case shows improvement reduce the dose of the thyroid. Three grains of the dried gland substance is enough to give per day. In cretins, or cretinous children, small doses with a gradual daily increase are very important. In the older children larger doses may be given at the very beginning.

SARCOMA OF OVARY.

E. B. Shewman, M.D., Cincinnati, O.

Sarcoma of the ovary and other pelvic organs is not of frequent occurrence, being found more frequently as a primary lesion in children than in adults. In may occur in connection with dermoid cyst or after removal of dermoids. Sarcoma of the ovary develops from the connective tissue stroma of the organ and may be of the round cell or spindle cell variety, the former being much softer in consistency, the later occurring more frequently. They grow very rapidly and may attain a large size. They may be solid or cavernous from dilatation of the vascular channels, or may be cystic from dropsical condition of the Graafian follicles. They have a tendency to rapid infiltration into surrounding structure and spread by metastases. The tumor may be so large as to interfere with the function of other viscera and produce fatal symptoms. In the early stage, no pains; later, may have pain or pains be absent. Ascites exists in a variable degree, but not so pronounced as in carcinoma of the ovary. Gastric symptoms may be present, emaciation in the ad-

vanced stage. Inspection shows a prominence of the lower abdomen, either right or left, or may be mesial. Palpation reveals a tumor mass usually movable. Percussion may give a wave where there is the presence of abdominal fluid, otherwise flatness. Pressure symptoms present themselves as the tumor grows.

Prognosis should always be guarded, as sarcoma is a very malignant disease and one is unable to assure a cure until three to five years have passed. Surgery plus X-ray and radium is the most effective treatment.

I desire to report the following case:

Miss P., aged fourteen, was referred by Drs. Fromm and Beaman for examination and advice. Patient had pain at times in lower abdomen, more especially on the right side; some gastric disturbance. She was not well nourished and somewhat pale. Her mother discovered enlargement of the lower abdomen and the presence of a large mass. Medical advice was immediately sought and a diagnosis of ovarian tumor made. A few days later the patient was operated. When the abdomen was opened a large amount of peritoneal fluid escaped. The growth involved the left ovary, weighing about two pounds. The capsule had degenerated, opposite the attachment of the pedicle, with the escape of a small amount of fluid in the growth. Over the parietal peritoneum was a number of papillomatous growths. The patient made a fine surgical recovery, has gained weight and generally has the appearance of being well, but a guarded prognosis has been given the parents. She has had four applications of the Coolidge light. It is deemed advisable to leave a very large rubber tube in the abdomen down to the stump of the pedicle and slip the tube radium direct to the lesion, which has given excellent results. I present this subject for the purpose of calling your attention to a disease that must be dealt with early and radically if one expects to accomplish anything worth while. Summed up as follows: A solid, rapidly growing tumor of the ovary, with some ascites and progressive loss of strength and weight.

THE TREATMENT OF PUS APPENDIX AND OTHER INFECTED WOUNDS WITH DICHLORAMINE-T IN CHLORACOSANE OIL.

J. E. Holman, M.D., Indianapolis, Ind.

In an interesting article on the treatment of wounds by modern antiseptics, by Dr. Joseph C. Scott, of New York City, published in the New York Medical Journal for October 19, 1919, we find the following facts relative to dichloramine-T, which, as the writer says, was introduced by Dr. H. D. Dakin. This substance is a synthetic chemical derived from toluene and containing 29.5 per cent. of chlorine. Chemically, it is para-toluene-sulphone-dichloramine. While it dissolves in other substances, the solvent of choice is the oil prepared by Dakin. This is a liquid paraffin which has been saturated with chlorine. Dichloramine-T solution is

prepared by dissolving the drug in warm chloracosane, in proper proportions. Usually 1 or 2 per cent. solutions are used.

The advantages of dichloramine-T, as given by Dr. Scott, are as follows: Its prolonged action on a wound and its thoroughness in destroying micro-organisms, the chlorinated oil giving up the chlorine antiseptic slowly but surely, so that its action is continuous for about twenty- four hours. This action is in contradistinction to most aqueous antiseptics, which are immediately diluted by the serum and wound secretions and become inert and powerless almost immediately after application.

The use of dichloramine-T also is economical, as large amounts of solution and large dressings are unnecessary, and the short time it takes to dress the wound, as the dressing seldoms sticks to the wound, is a great saving for the doctor. The other advantages lie in the rapidity of its action, the decrease and prevention of secondary infection, and the possibility of previously-infected wounds being sutured long before it would have been possible with the ordinary antiseptics.

It is applied as follows: Remove all foreign matter as well as all devitalized, necrotic and loose tissue from the wound. Wash the wound with a neutral soap and dry it thoroughly by fanning, with a therapeutic lamp, or the application of ether. Always keep in mind the fact that alcohol, iodine, bichloride, or other aqueous solutions in the form of wet dressings must not come in contact with the wound, as they decompose the dichloramine-T and form hydrochloric acid, which is irritating to the wound. A piece of specially prepared waxed mesh-gauze should be placed over the wound to prevent the dressing from sticking.

The dichloramine-T applied over the gauze with a medicine dropper, a swab, a pipette or an all-glass atomize which sprays the liquid evenly, deep into the wound. This last method is greatly to be preferred, as it is absolutely painless, yet I suspect it is more often applied by simply pouring the dichloramine-T on wounds or down into them. Old and decomposed solutions are irritating and must be avoided.

Case Report.—Boy, Harry A., age twelve, day after operation seen first time at nine p. m., diagnosed as ruptured appendicial abscess of ten hours' duration, peritonitis progressing. Operated at 10:30 p. m.; appendix removed and two large soft, flexible cigarette drains left deep in abdomen; closed with two silk sutures only. Five days later one tube removed, on seventh day last tube removed, on eighth day began to use dichloramine-T in wound and continued until completely healed in twenty-one days. The application of dichloramine-T made wound red, and granulations progressed rapidly.

Caution: Do not think that it can be used in the peritoneal cavity or you may get into trouble.

Case 2.—I have used it with very gratifying results, in second amputation of thumbs and fingers where infection has made second amputation necessary and got union by first healing at once. It is not applicable

to all cases, but your judgment must be used in its application to various cases.

DISCUSSION.

Dr. H. H. Helbing (St. Louis): As dichloramine-T was highly recommended for the treatment of empyema by aspirating and injecting the oil into the pleural cavity, I tried it on a case of a girl who had been sick for six months and had been reduced to a shadow, too weak to withstand a radical operation. I concluded to merely open into the cavity and put in two small drainage tubes, injecting the dichloramine-T into the cavity daily. This may have checked the discharge, but did not stop the suppuration completely, so we had to do a thoracotomy later to cure the case. I have used Dakin's solution in moist packs on cases of infection of fingers of the hand, also carbuncles, and it has served me well in benefitting these cases. It is a well-known fact the the chlorine from Dakin's solution is dissipated in twenty to thirty minutes, so that I put a gauze pack on these cases after incising the focus of infection and advised the patient to keep the pack moist with the solution. Adding echinacea to the solution will enhance its value. Fresh gauze is applied daily.

Dr. J. H. Powell (Atlanta, Ga.): I have used Dakin's solution, 4 per cent., for irrigating sinuses and mastoid operations, and feel it is the best thing I have ever used. It heals the quickest and there is less reaction after the operation, and it is especially good in old suppurative cases.

Dr. John W. Kannel: I have had no personal experience with the use of Dakin's solution, although I have been doing surgery for nineteen or twenty years. I use the same thing I first used in suppurative cases, and that is Lloyd's asepsin. I use it the same as the Dakin solution, after you know the fistulous tract is closed off from the peritoneal cavity. In the old empyema cases I use a very weak solution of asepsin, and it is remarkable how quickly they respond to the treatment. I have had a number of cases in my experience, and the only failure was a case of gonorrheal infection in which the whole abdominal cavity was involved. In a number of cases where the base of the bladder was sloughed out I used asepsin to irrigate and they recovered. I do think we ought to protect our own remedies.

Dr. W. N. Mundy: I do not know as I am fitted to speak in the surgical section, but a country doctor has many experiences. Last summer during harvest time a little fellow was trying to clean the knives of the cutter bar and the horses started up, cutting his foot through the instep, nothing but the sole of the foot left. I looked at it and said I thought the best thing was amputation, but the parents objected seriously and wanted me to save the foot, and so I tried. It was hot weather and the flies were bad, and I cast around to know what solution to use, and selected Dakin's. I undertook to make for myself a Carrel apparatus out of a fountain syringe and some rubber hose and pipettes, and I kept putting the foot in the bath and using that solution. Of course, I first cleansed the wound as best I could, and it healed. It will soon be a year, and that little fellow is running on that foot now. It is deformed, but he can run on it and get about with ease. I adopted the plan of keeping it wet constantly. I used the Dakin solution for two reasons: First, I thought it would keep the flies away; and second, it was easily prepared in the household. I took the tablets to the house and told them what strength to make it and to keep the foot constantly moist. Once or twice I had a little irritation from it and stopped it a while, but resorted

to it again. I had another case of a school teacher who, while helping to erect a barn on his premises, had his hand crushed badly. We saved nothing but the little finger and his thumb. I cleaned it up, dressed it and put his hand in the bath and used the same solution. I have an X-ray picture of his hand, and will have an X-ray of the boy's foot. I do not know whether I am justified or not, but I labor under the constant fear that some day in these bones I will have a necrosis. But I wanted to speak of the rapidity with which the tissues healed.

Dr. E. B. Shewman (Cincinnati, O.): Dr. Holman uses his dichloramine-T externally. A perforated appendix is in the abdominal cavity. You do not use it down in there on account of its great absorption. You all know who have used it that the best treatment is an open wound without any dressing whatsoever. The moment you put on a dressing with Dakin's solution you begin to have severe irritation. That would probably occur in the abdominal cavity. The infection is coming from the interior. When you open the abdominal cavity the wound becomes infected. The unfortunate feature in drainage is the fact that the drainage-tube has been put at the edge of the cecum. When you have a perforated appendix you have an involvement of the peritoneal fluid, and in those cases I put the drainage-tube down into the pelvis, and our drainage-tubes are out not over two days after operation. You have to drain the pelvic cavity or have trouble eight or ten days afterwards. Some cases have to be re-opened to drain the pelvic cavity. Slip a long tube down in the pelvis and drain the pelvic cavity. Another statement was made as to the removal of tubes in ten days. I thought I had taught him different from that. A drainage-tube should not remain in at the most over seventy-two hours. We remove all of our drainage-tubes in not to exceed seventy-two hours. As long as you have a pus process that drainage will continue. I used to clean these out with ether; I have quit that. With proper drainage nature will take care of the rest and you do not destroy any granulating tissue by putting irritating stuff into the wound.

Dr. Helbing spoke of a fistulous tract down into the rectum. Where we have a large fistulous tract into the rectum we flush it out with a 1 to 8,000 permanganate solution. This destroys the colon bacilli better than any solution I have ever used.

Dr. J. E. Holman (Indianapolis): We do put both of these tubes clear down and the third day we begin to pull these tubes out. I look at the wound every day to see whether I was getting sufficient granulation to take it out. I was watching it closely to be sure that I got drainage so I would not have to re-open. I do not know which is worse, to close a wound or to open it.

You did not quite grasp my idea. This dichloramine-T used was in oil, in chlorocosane oil. I used salt water and still like it very much for simple irritation, and I usually soak my wounds until they are thoroughly moist and cleaned out; but the idea of the dichloramine-T with the oil is, first, that the oil will take up more dichloramine-T than any other preparation and hold it in solution. Then the oil is applied on the outside. So many of these wounds are ragged, and the remarkable feature, the fact that I did not get necrotic tissue, was due to the fact of the stimulation of the chlorine in it. The thing I wanted to bring out was the use of dichloramine-T in oil, and then when the tissues begin to get too soft, cut it out.

ECLAMPSIA INFANTUM

Chas. W. Beaman, M.D., Cincinnati, O.

In presenting a paper on this subject, I have been actuated by the conviction, which has grown with riper experience, that some of us have not looked upon this symptom with the concern we should. In my early experience I was content to relieve the attack, and with it the fear and anxiety of the terrified parents, giving the necessary advice and subsequent treatment, and removing where possible the obvious sources of reflex irritation. Not much thought was given to the predisposing causes or to their ultimate effects. It is the object of this paper to emphasize the fact that it is not the convulsive seizure that does the harm, although damage can be done at that time, but it is the spasmophile diathesis, which underlies the attack, that deserves our attention.

We have all along recognized the so-called instability of the infant's nervous system, considering it due to immaturity, and that certain reactions were apparently out of proportion to the degree of irritation. With the more recent knowledge of physiology and pathology, we are better able to understand why there is the lack of stability and why this inherited or acquired instability persists or is permitted to exist on into afterlife of those who survive the vicissitudes of infancy. Some of the more important phases of this question will be touched upon, with the hope that it will inspire greater interest and lead to a more careful study of the preceding and subsequent history of all infants presenting convulsive tendencies.

It may be well at the beginning to set down some generally established conclusions based on wide experience and then consider some of the more speculative features of the question.

1. Eclampsia (spasms) is a symptom, not a disease.

2. It is practically impossible for a perfectly normal infant to have spasms unless an overwhelming toxic or other cause should induce it. Strychnine poisoning or a severe trauma are examples, and here the cause and effect follow each other in logical sequence and quantity.

3. Excluding organic disease of the brain and nervous system, heart, lungs and kidneys, it is a fair presumption that either rickets or a neuropathic heredity is the underlying cause.

4. That an infant having a spasmophile tendency will, from slight traumas, dietetic or hygienic errors, infections, to mention only a few of the exciting causes, show reactions out of proportion to the degree of irritation.

5. That the severity of the spasm does not indicate the degree of irritation so much as it does the degree of nervous instability—otherwise expressed, the predisposition.

6. That predisposing causes are more important than the exciting causes, and where convulsions occur from slight causes, the greater the evidence of marked predisposition.

7. That spasms manifest themselves either as tonic or clonic convulsive seizures or a combination of both and that the tonic type should be considered of graver import than the clonic, which are, generally speaking, benign.

8. That spasms occurring at the onset of an infection are of less significance than those occurring after the disease has demonstrated itself, indicating complications of greater or lesser gravity.

9. That spasms tend to recur, and becoming habitual, may merge into a true epileptic state.

10. That a persistent spasmophile state, active or latent, predisposes to a neuropathic state later, leading to all manner of future nervous ills.

We are indebted to Soltmann for his studies of comparative physiology, in which he demonstrated that it took from twelve to eighteen months for the cortical motor areas of the brain of the human infant to equal the same degree of development in the young of such mammals as the common dog, cat and rabbit in twelve to fourteen days. As these cortical areas are supposed to contain the inhibitory and stabilizing mechanism, their delayed or faulty development predisposes to incoordinate and excessive motor impulses, originating in the irritated subcortical motor centers. These faultily controlled impulses acting upon hyper-irritable muscles manifest themselves as convulsions.

From the moment of conception, the embryo is subjected to endogenous and exogenous influences tending to produce or impair normal cell growth. Syphilitic, tuberculous, diabetic, gouty or neuropathic parents do not endow their embryos with either virile cells or the materials for their healthy development. The cells of the nervous system suffer more or less equally with other structures during intrauterine life. At birth the infant may suffer traumas both during spontaneous or assisted labor, and subsequent to birth a multitude of conditions may conduce to abnormal development, such as structural defects, improper food and care, infections, parasites, and accidental injuries. These facts must be borne in mind both from the standpoint of preventive measures and in the treatment of cases showing convulsive symptoms.

Following this line of thought, we must realize the necessity for some knowledge of cell chemistry, for no matter what the predisposing cause may be, cell nutrition and health depend upon the proper balance and sufficiency of the elements which normally compose them. Schuessler recognized this and his theory of the tissue remedies was the result. There are well-marked deficiencies of such elements as oxygen, calcium, nitrogen, phosphorus and iron, all of vital necessity, which produce rather easily recognized symptoms, which have a direct bearing on our present subject, and especially upon the question of treatment.

This question of deficiency in cell element is of great importance when we consider diet, hygiene and medication, and must take its place along with hereditary disease, infections and other known or demonstrable causes which require more or less specific treatment. A defic-

iency of oxygen can be easily understood where our little patient lives in overcrowded or badly ventilated surroundings or from obstructive lesions of the respiratory tract like adenoids or structural deformities of the chest. Nitrogen deficiency can be traced to a diet poor in proteins. A too-rich fat diet may cause a loss of calcium, extracted from the tissues to neutralize an excess of fatty acids in the intestinal tract. On the other hand, foods poor in this element will not furnish enough for the cell requirements. Dr. Henderson, of Astoria, in a recent article in the Eclectic Medical Journal, deals very interestingly on this phase due to soil conditions in western Oregon. This lack of calcium is of special interest, as it is a generally conceded important factor in rickets and hyper-irritability of the nervous system. Mentioning but a few of the better understood deficiencies will give an idea of what should be considered if we would do all that is possible for our patient, not only for his present but future welfare.

As stated before, a very great number of cases showing convulsive symptoms can be traced to rickets as a probable underlying cause. It is also true that many cases of well-marked rickets never show this symptom, but this only proves how varied are the factors concerned in individual cases. As the morbidity of rickets is greater during the cold months, spasms occuring in the winter should lead to a strong suspicion of this as an underlying cause.

No matter what the exciting or predisposing cause may be, the picture is typical and is produced by a vaso-motor constriction of the peripheral circulation, with hyperemia of the cerebro-spinal centers, the muscles involved and the internal organs, especially those at the seat or irritation. There is pallor, sweating, cyanosis, tonic or clonic convulsive movements, or a mixture of both, usually general but sometimes limited to groups of muscles. The duration is usually short, with a tendency to recur at more or less frequent intervals. In fact a convulsion lasting over five minutes should cause a suspicion of epilepsy, but the absence of the post-epileptic somnolent state should be of value in diagnosis.

Taylor states that the severity of the seizure depends upon: (a) spasmogenic susceptibility; (b) the dynamic potentiality of the exciting cause; (c) the presence or absence of conditions favoring reflex irritability, endogenous and exogenous. Further, that several causes may act together, such as vasomotor irritability, anemia, variations in the blood supply and quality, with special nerve irritation, as of the fifth (trifacial) and the gastointestinal (splanchnic). Fatigue affecting either a mother or the nursing infant, by reducing cell vitality, may be a predisposing factor and should not be overlooked.

Of late considerable stress has been laid upon the influence of status lymphaticus, a disease marked by a hyperplasia of lympoid tissue throughout the body, including the thymus gland, tonsils, adenoids, lymph and ductless glands, as an underlying factor in spasmophilia.

Spasms resulting in sudden death suggest the possibility of this condition, and post-mortem findings in a large number of cases seem to bear this out, especially where there is great enlargement of the thymus gland. Treatment directed toward the reduction of glandular enlargement, when it exists, may be considered as a prophylactic measure of considerable value, especially between the sixth and twelfth months, the period of greatest danger in this disease.

From the foregoing paragraphs, which are but an incomplete outline of the subject, may be gleaned some idea of the breadth and importance of eclampsia in the general problem of neurology. It must be remembered that it is one of a group, which may be designated as the spasmophile triad, infantile tetany and laryngospasm being the other two members of the group. As eclampsia is the most frequently met symptom of the three, it was taken to introduce the general subject, the intimate study of which will prove most interesting, and therapy based upon such knowledge cannot help but be satisfactory, alike to the physician and his patients.

The treatment is symptomatic, and so far as the attack is concerned is probably too familiar to all to deserve more than passing mention. Cold to the head, warmth applied to the body, in the form of baths or hot packs at about 110 Fahr., and the administration of cerebral sedatives that inhibit central irritation, such as chloroform, chloral, amyl nitrite, lobelia, passiflora and the bromides. The administration of drugs, unless hypodermically, should not be undertaken until satisfied that the gasto-intestinal tract is freed of morbid materials. This is usually most satisfactorily accomplished by gastric or colonic lavage, which is safer than the use of emetics or purgatives. Salt solution should be used for this purpose, and at times may be used by hypodermoclysis, where there is evidence of great loss of body fluids, or where the blood is loaded with toxic material.

The important part of the treatment should begin after the subsidence of the acute symptoms, and includes all that antagonizes the predisposing causes. Medication, while important, should not be the sole means of combat. Enough has been suggested in the preceding paragraphs as to the need of proper supervision of diet and hygiene, the correction of hereditary and acquired morbid influences, that this is best left to the individual discretion of the physician. No Eclectic physician will be at a loss for suitable drugs to stimulate healthy cell nutrition and growth, and to assist the removal of morbid products of cell metabolism. The use of all these measures may be of little real value unless those in charge of the infant are impressed with the necessity of submitting to a long and careful period of observation. This cannot be done unless the physician himself is impressed with the importance of this course of action and is willing to pursue the investigation with patience and thoroughness. Only thus can we hope to eradicate the neuropathic taint, which is such a curse in after-life.

CONVULSIONS OF CHILDHOOD

Wm. P. Best, M.D., Indianapolis, Ind.

This rather comprehensive subject was assigned me for a paper for the section on Disease of the Nervous System.

Morris J. Lewis, M.D., in his introduction to the subject, in Keating's Cyclopedia, has the following to say: A convulsion should be looked upon as a symptom, and not as a well-defined disease; but as in children this symptom may be the only one of prominence in many cases, and as we, unfortunately, have very much to learn in regard to the etiology and pathology of the various conditions of the nervous system which give rise to this symptom, it may not be inappropriate—and it is certainly more convenient—to treat it as a separate affection, always bearing in mind that it is merely a symptom."

Mundy, in his "Diseases of Children," introduces this subject as follows: "Convulsions are really but a symptom or expression of disease, and not a form of disease. The name is used to designate a series of convulsive or rhythmical spasms of the muscles of some portion of the body, or the entire body."

Convulsions may be expressive of a very sensitive or abnormally irritable central nervous system or they may signify the highly toxic nature of some acute disease.

"When occurring the first few days of life, they may be the result of cerebral hemorrhage. Sometimes they are produced by diseases of the brain and spinal cord, or some obscure lesions, such as tumor, abscess, or a meningitis."

Pneumonia and scarlet fever are not infrequently ushered in with convulsions, and we have seen two children of the same family begin pneumonia with eclamptic attacks of hours' duration. In one case the diagnosis was obscure until the definite pulmonary symptoms developed.

Etiology.—"Convulsions in children depend upon abnormal conditions of the central nervous system, concerning the nature of which we still need much information. A brief discussion of the many theories of the actual etiology and modus operandi of the same would require a volume."

The following statements cover, in a general way, some of the opinions and perhaps leaves much to be said:

"A convulsion may be caused by the irritation of foci of cerebral disease; by reflex irritation of whatever nature, proceeding from the central or peripheral nervous system; by abnormal states of the blood, as found in acute specific and other fevers; in disease of the kidneys, and in acute poisoning, possibly also by auto-infection by ptomaines; by an anemic state of the brain, such as follows severe hemorrhage and profuse diarrhea; by the interference with the proper oxygenation and decarbonization of the blood in asphyxia, causing vaso-motor spasm; or any profound interference with the circulatory or respiratory apparatus Many conditions predispose to this affection, particularly in in-

fancy, with its numerous anatomical and physiological peculiarities and diseases.

Sajous, in speaking of "Epileptoid Disorders," has the following to offer. "Infantile eclampsia or convulsions: The seizures of this disorder, which resemble epilepsy, are ascribable to a similar morbid process (this morbid process here referred to is based largely upon the accumulation of excess of waste products), autotoxins being, as a rule, derived from the gastro-intestinal canal. They may also be due to a hypercatabolism, however, as is observed in children suffering from rickets; or they may occur as an intercurrent symptom of acute infections, where they are caused by the inability of the adrenal system to cope successfully with the aggregate of detritus, wastes, etc., which appear in the blood under such conditions. The paroxysms may be brought on by reflex action, through dentition, precisely as we have seen under epilepsy, as is the case under influence of nasal growths, phimosis, etc., i.e., through irritation of the corresponding centers in the posterior pituitary."

From Sajous's "Cyclopedia of Practice" we quote: The human infant was shown, by his (Soltmann's comparative studies of medullary striation, to require twelve to eighteen months to attain the stage of development of an animal from ten to twelve days old. Thus it would seem that the inhibitory mechanism is not well developed and does not become effective before that period in the human being. This explains the frequency of convulsions in infants under eighteen months old."

"Irritability of the peripheral nerves was found to have attained the maximum, or to even have exceeded it, at a more rapid rate than that of the inhibitory centers. Hence a trifling irritation will affect the infant before the development of the inhibitory mechanism more seriously than an older child and vastly more than an adult."

The convulsions of childhood "vary widely in severity" in proportion to "(a) the spasmogenic susceptibility of the individual; (b) the dynamic potentiality of the exciting cause, and (c) the presence or absence of conditions favoring reflex irritability, endogenous or exogenous."

"One convulsion predisposes to another, and the habit may become fixed."

The following quotations represent the summary from two distinct groups, working independently, and which are introduced, not because we are making a study of epilepsy per se, but because they represent the latest thought and for this reason are of interest in this study, and, furthermore, epilepsy and epileptoid conditions are an important part of the subject.

Bisgaard and Norvig (Hospitalstidende, Copenhagen, January 28, 1920, 63, No. 4; Journal A. M. A.., May 15, 1920) have been conducting research on sixteen epileptics in an institution, with comparative research on healthy persons—a total of several thousand investigations of blood and urine. They found a most remarkable increase in the ammonia content of the blood about three hours before an epileptic seizure or an epileptic psychic equivalent. Their charts made in experiments show,

as they say, "actually colossal" fluctuations in the ammonia content at these times. They were able to detect them by control of the ammonia content of the urine; when this began to go up, they examined the blood, and thus happened on the pre-seizure rise. They applied the van Slyke, Cullen, Folin, Kjeldahl and Hasselbach techniques in their study of blood and urine, hydrogen ions, etc. Their discovery of the increase in the ammonia of the blood in the psycho-epileptic status is, they say, the first well-defined endogenous toxic substance yet demonstrated in connection with psychoses. The epileptic seizure seems to be a kind of anaphylactic shock or poisoning with albumin waste products. One man weighing 65 kg. had an amount of ammonia in the blood just before a seizure corresponding to 32 c.c. of normal solution of ammonia, that is, of a 1.7 per cent. solution. Besides ammonia, other toxic elements may be at work, but they are not able to bring on the seizure until the ammonia reaches a certain concentration in the blood.

Bisgaard and Norvig conclude their extensive report with arguments to sustain the analogy between tetany and epilepsy, and their possible common etiology from deficiency in the parathyroid glands. The anamnesis of epileptics needs revision and the treatment, instead of being merely with sedatives to reduce reflex action, may advantageously attack the endocrine disturbance presumably responsible. The attempts published to date in this line have not been encourging except with autotransplantation. Possibly the differences between donor and recipient may have interfered with the success of homo-transplantation.

Journal A. M. A., May 22, 1920, quotes as follows from *Medical Journal*, Sidney, Australia:

"Relation Between Brain and Liver in Epilepsy.—The records of postmortem examinations of twenty-five cases of epilepsy, as far as the liver, etc., is concerned are given by Laber and Haddow. The summary of their observations is that the brain-liver ratio is 35.33. The normal ratio was brain to liver, 12:15, so that the conditions are entirely reversed in the epileptic condition. The percentage in which the weights of the brain exceed those of the liver was 80 in the twenty-five cases examined. In 24 per cent. of cases status epilepticus was found and associated with this condition was toughness and congestion, indicating previous chronic irritation and present acute inflammation in 30 per cent. of these cases. There were signs of disease of the gall-bladder and possibly of chronic intoxication from this source.

"In 8 per cent of cases the mesenteris glands were enlarged. indicating some chronic intestinal toxemia of fairly long duration. In 20 per cent. of cases there was definite trouble in the gall-bladder tract. In 40 per cent. of cases there was evidence of chronic hepatic irritation, indicative of a continuous and slow toxin, displayed by fibrosis or toxic or fatty changes. In 8 per cent. of cases there is distinct evidence of a chronic intestinal intoxication which might in all probability be obviated by treatment."

Pathology.—As yet no definite pathology may be ascribed as productive of or uniformly attending spasmodic outbreaks. Gross lesions, tumors, abscesses, meningeal inflammations, tuberculosis or marked hemorrhage are in themselves pathological manifestations, but eclampsia when it occurs in any such a case is but symptomatic, as it might be in a toxic condition wherein even the microscope reveals nothing of the nature of the cause nor any constant lesion provocative of convulsions.

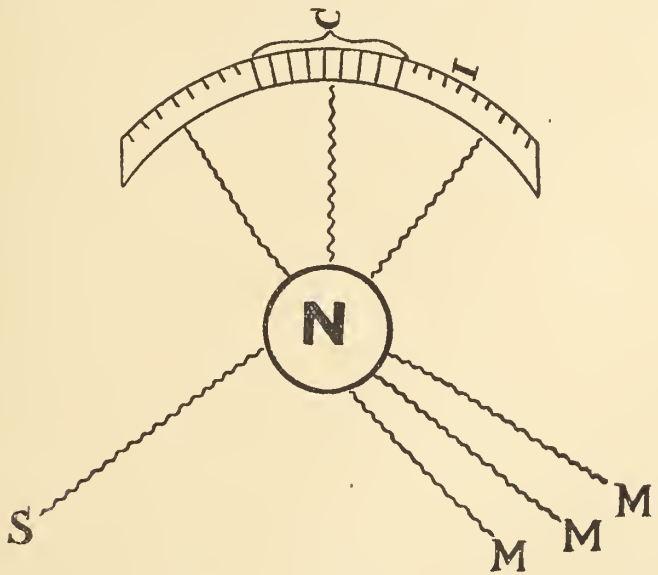
Diagnosis.—The clinician rarely sees acute eclamptic attacks unless there is a series of them or status epilepticus.

"The first thing noticeable is a peculiar pallor of the face. The eyes become fixed, then ensue twitchings of the muscles of the face and eyes, then the extremities and finally involving the entire body. The head is thrown back, and the hands clenched, the thumbs being buried in them."

The spasm may be toxic, in which the muscles involved are in a state of rigid contraction, which may pass into a clonic form or continue until relaxation follows, with or without relaxation of the sphincters and involuntary evacuations.

The attack may begin and continue with twitching or rapid convulsive movements. In either type consciousness may or not be lost, one spasm may end the attack or a series of them may occur in rapid succession or with several hours intervening. Coma or semi-consciousness may succeed either.

In a diagramatic manner convulsions may be illustrated in the following (slightly modified from Dana, Keating's "Diseases of Children.")



I. Inhibitory or controlling centers, including C; C, cortical sensory-motor centers; N, lower tier of cerebral centers; S, excite-reflex nerve; M, M. M, muscle or groups of muscles. A convulsion may be caused by an over-excitation of I, C, N or S, or by a withdrawal of the inhibitory action of L, including C. A functional depression of C may cause a liberation of the energy of its cells.

Treatment.—Recent researches and experiments by Henry R. Harrower, M.D., Glendale, Cal., suggests the use of some of the endocrine secretions or extracts for the relief of convulsive conditions, especially epilepsy. The parathyroids are supposed to produce a substance which is detoxicating in its effect. If the above suggestion by Sajous that autotoxins are responsible for epilepsy proves tenable and it also proves true that parathyroids have such action, then it would seem that a specific remedy might thus be assured

Thus far we have seen that a specific diagnosis, as far as specific pathology is concerned, is not to be had, but we may ascertain upon what the symptom-complex of convulsions in a specific case depends. If so, to remove the cause after quieting the immediate manifestations would be logical.

Mundy says: "Our primary object is to arrest the spasmodic movement, which is so alarming to the friends and, no matter how often seen, to some extent to the practitioner." The relaxing effect of chloroform is one of the most prompt and positive means of quieting the patient if in the midst of an attack. Lobelia, specific or subculoyd, hypodermatically, is one of the prompt and reliable remedies. Morphine by hypodermic or chloral hydrate per rectum are also valuable as emergency remedies. The first remedies mentioned are the choice of the author. Prompt emesis is valuable, relaxation usually follows and the system is relieved from further intoxication from this source. Therefore, lobelia or apomorphia become valuable as specific and prompt measures.

The urgent symptoms having been controlled, we then look for the cause and administer remedies for the removal of the same if found.

Among the remedies likely to be indicated we have aconite for the rapid, hard pulse with increase of temperature; gelsemium for the flushed face, bright eyes and contracted pupils; belladonna for the blanched features, cool skin, thready pulse and stupor; veratrum for the full and bounding pulse, usually attended with fever; the bromides are not to forgotten where motor activity is persistently excessive, but as anemia results from continued administration of bromide salts we would deprecate the long-continued use, especially as mental weakness is not an uncommon result from large doses given over any prolonged period.

For prolonged use, where conditions require and when treating a chronic condition such as presents in epilepsy, the solanum carolinense (Succus Solanii of McCoy-Howe Co., Indianapolis, Indiana) may be used with splendid results and no untoward effect so far as we have been able to observe from more than twenty years' use of the remedy. It may be desirable to add some other indicated remedy to this, but we have employed it alone, in one patient, for more than two years, continuously, with no disturbance of any of the functions and with the satisfaction of bringing about a much better condition, in what had previously been considered a hopeless case of epilepsy. When this remedy is given up to a

point of producing drowsiness the relaxing effect is then most noticeable, when continued short of this for any length of time the period between attacks is lengthened and the seizure made less violent. According to our experience, this remedy is better for continued use because of its rather slow action. Other drugs serve better for prompt or emergency effect.

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We desire to credit it to the following from whom we have freely quoted:
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Journal A. M. A., May 22, 1920.
Henry R. Harrower, M.D., Glendale, Cal.

DISCUSSION.

Dr. D. E. Saxton (Tampa, Florida): I have found in an experience of thirty-five or forty years that rhus tox, with gelsemium is as near a specific for the convulsions of youth as anything I have seen. I do not remember just how I came to try the two together, but it worked beautifully and I have been using it ever since.

Dr. Howard (Fort Lauderdale, Florida): Would it be advisable to induce vomiting in a patient with epilepsy, during the attack?

Dr. Wm. P. Best (Indianapolis): I have had no experience with rhus tox. and gelsemium, as suggested by Dr. Saxton. I have found indications for these two remedies, but I know nothing of them as a remedy for general use.

In regard to the question of Dr. Howard as to the wisdom of inducing vomiting during a convulsion, I would say that during a convulsion the less interference the better, excepting to keep the patient from doing himself bodily harm. Especially in epilepsy the less you do during the attack the better. If there are two or three attacks, one after the other, it might be well to give something to check the attacks. Lay your patient in a comfortable position and let him alone. If he falls down, put him in a comfortable position and let him alone. After the attack is over is the time to administer your medication. I have given an emesis to children in convulsions apparently from acute indigestion. In those cases when you unload the stomach many times the convulsion ceases.

DIAGNOSIS AND TREATMENT OF CEREBRO-SPINAL MENINGITIS.

A. F. White, M.D., Flovilla, Ga.

Cerebro-spinal meningitis is an infectious disease of the pia mater and arachnoid membranes of the brain and spinal cord. The term refers to the anatomic lesion found in various infections of these tissues and does not represent a single disease entity. Various etiologic factors may produce the same or different anatomic lesions and the same or different symptoms. In the case of cerebro-spinal meningitis, the inflammatory process in the membranes covering the nervous structure of the brain

and spinal cord necessarily gives rise to symptoms of a severe and dangerous character. The disease, involving as it does the most vital structure, is of an exceedingly fatal character. Symptomatic treatment can hardly be expected to accomplish much in a disease of this nature. It cannot modify, to any great extent, the morbid changes in the tissues, and beyond the relief of certain definite symptoms, can have little hope of accomplishment.

The specific treatment of infectious diseases is still in its infancy. One of its chief accomplishments has been in cerebro-spinal meningitis. A variety of pathogenic micro-organisms have been found as etiologic factors in the lesions of cerebro-spinal meningitis. The commoner causes are the bacillus tuberculosis, the diplococcus intracellularis, the pneumococcus, the streptococcus pyogenes, the bacillus influenza, and the staphylococcus pyogenes. The others are so exceedingly rare as to be isolated curiosities in pathology rather than diseases with which the practitioner must expect to cope. There is, at present, definite proof of the efficiency of specific therapy in cerebro-spinal meningitis caused by the diplococcus intracellularis and evidence of possible value in the forms caused by the bacillus of influenza and by the staphylococcus pyogenes. There is no evidence of any value from specific therapy in any of the other forms. The relative frequency with which the various micro-organisms cause cerebro-spinal meningitis probably varies widely, not only in various localities, but also because of the tendency of infections with the diplococcus intracellularis to occur in epidemics.

In order to treat cerebro-spinal meningitis, it is of the highest importance to recognize with accuracy not only the presence of meningitis, but also the particular etiologic form which may be present. There are certain symptoms and signs frequently present in all form of meningitis which strongly suggest the presence of the disease. Such so-called meningeal symptoms are severe headache; rigidity or tenderness of the neck, with retraction of the head; a clouding of consciousness, varying from slight apathy to delirium or coma; vomiting and various nervous symptoms, such as convulsions, spasms of the extremities, paralysis and abnormalities of reflexes. There is, however, no one of these symptoms which may not be absent in any case of meningitis and which may not be present in some other disease condition. No only is it impossible, on a basis of clinical manifestations, to recognize the existence of cerebro-spinal meningitis with any certainty, but it is also impossible, on this basis, to distinguish with any degree of accuracy the various forms of meningitis one from another. No symptoms or signs are found in any form which may not be absent or be found in any other form. The positive recognition of the existence of cerebro-spinal meningitis and of the etiologic form of the disease can only be based on the results of lumbar puncture and the laboratory examination of the cerebro-spinal fluid.

Three points are of the first importance from the point of view of treatment. In the first place, the antimeningitis serum is a specific

immune serum and is only of value in that form of cerebro-spinal meningitis which is caused by the diplococcus intracellularis and is of no value in any other form. The amount of fluid withdrawn depends upon the diagnostic inferences and the indications for the use of serum. If serum is to be given, as much fluid as possible should be withdrawn. When the fluid shows no further evidences of pressure, and if the amount of fluid withdrawn is at least 40 c.c., it is sufficient. If this amount has not been obtained, the fluid should be allowed to run until it is dropping no faster than four drops to the minute. If the fluid is clear, but under pressure, it should be allowed to escape as long as it runs freely. If the fluid is clear and not under pressure, not more than a few c.c., enough for laboratory examination should be taken. The serum is injected through the same needle by which the cerebro-spinal fluid has escaped and is left in situ. A syringe is used which can be boiled and which should be sufficiently large to hold the full amount of serum to be given. The syringe is filled with the required dose of serum, which has previously been warmed to about blood temperature; the air is expelled and the connection with the needle is made. The serum is injected slowly, the injection occupying about the same time as the fluid has taken in escaping. During the injection the patient should be carefully watched for pressure symptoms, especially if the amount of serum desired is larger than the amount of fluid withdrawn. In this case, if the operator, during the injection, should encounter a sense of increased resistance, the amount of which can only be judged by experience, he should not attempt to give the full amount. This is comparatively rare. Serious pressure symptoms are still rare, though they may occur. As I have seen them, these signs have occurred in the following order: sudden increase in headache, irregular or stertorous respiration, cyanosis, cold sweat and failing pulse. When they occur, the serum should be allowed to run out again through the needle, until they have been relieved. After the injection of the serum has been completed, it is best to leave the needle and syringe in place for a few minutes, so that, if pressure symptoms develop, the serum may be allowed to run out at once, without the necessity of repeating the lumbar puncture. The needle is then removed and the site of the puncture is covered with a small dressing of sterile cotton and collodion. When the serum was first used the fear of dangerous raising of the intradural pressure led to the use of doses no larger than the amount of cerebro-spinal fluid withdrawn. It gradually appeared that those cases in which large doses could be employed did better than those in which the amount of serum adjudged safe was small. This led to the use of larger doses, and while the risk of a dangerous increase in the intradural pressure undoubtedly exists, it is certainly much less than was at first supposed. The minimum dose in the majority of cases should be 30 c.c. If the amount of fluid withdrawn is more than 30 c.c. the amount of serum given should equal the amount of fluid withdrawn. In very severe or

fulminating cases, especially in adults, where the amount of fluid withdrawn is between 30 c.c. and 45 c.c., it is best to give 45 c.c. of the serum.

TUBERCULAR MENINGITIS

W. N. Mundy, M.D., Forest, O.

"Tubercular meningitis, tubercular leptomeningitis, basilar meningitis, acute hydrocephalus, is said to be a local manifestation of the action of Koch's bacillus, usually most intense at the base of the brain, commonly attended by a distention of the ventricles, practically always secondary, and nearly always fatal."

Though the disease may occur at any age, it is most frequent from two to ten years of age. Rare before six months, its occurence gradually diminishes after ten years of age and is practically unknown in advanced years. In the majority of cases a primary focus of tubercular infection is found in some other organ. Depressing influences, such as are associated with tubercular joints, suppurative conditions, living conditions, etc., are predisposing etiological factors. Slight head and spinal injuries are at times followed by this disease.

The changes found upon making an autopsy are surprising for their meagreness and want of uniformity, especially so at the vertex. The chief pathological changes are found at the base, hence the name "basilar meningitis." Here the pia is cloudy, and there is an exudation of a turbid, grayish-yellow and even purulent fluid. It invades the ventricles and inter-peduncular spaces, causing a dilatation, hence the name, "acute hydrocephalus." The tubercles are found grouped along the arterioles and large vessels in patches and small masses. They occlude the perivascular spaces and at times give rise to small softenings. They are usually most abundant in the basal ganglia and cerebral peduncles.

The onset of tubercular meningitis is insidious, obscure and often prolonged. The typical cases occur in childhood. Occurring in later life, it is usually preceded by a tubercular lesion to which the meningitis is added as a complication. There is the afternoon temperature, and the child is fretful, peevish and out of sorts. After this period of malaise, there is more or less headache, an occasional vomiting spell, the child is restless, then drowsy and later stuporous. There is also febrile action. These three symptoms—headache, vomiting and constipation—following a more or less prolonged period of indisposition, marked by a physical deterioration and loss of flesh, are of serious significance. The stupid condition is marked by a great restlessness, the child tossing its head from side to side and at times uttering a sharp cry of pain—the hydrocephalic cry, so distinctive of this condition. There is more or less rigidity of the neck, and even the spine may be fixed, a slight opisthotonos. The legs are fixed to the thighs and the thighs to the trunk; the abdomen becomes retracted and we have the scaphoid or boat-shaped abdomen.

The tendon reflexes become lessened or lost as stupor increases. The vomiting continues and is of the cerebral type. The temperature, though elevated, presents no typical curve, but usually becomes extremely high just prior to death. The respiration is irregular and sighing, and as the stupor increases becomes of the Cheyne-Stokes variety. The pulse becomes slow and the association of pulse, temperature and respiration is destroyed.

Sight is dimmed, the pupils are usually dilated and may be unequal. There is often strabismus, the eyes turned upward and inward, a convergent squint and even nystagmus. Rapid emaciation always occurs, and in the comatose state the bladder and bowels act automatically.

Convulsions sometimes occur in the beginning of the disease, but more often develop later, usually from twelve to twenty-four hours previous to death.

At times, instead of progressing toward a fatal ending, the disease shows marked remissions, and we are tempted to believe the child will recover, but it is a false hope, as all the symptoms reappear and death from respiratory or cardiac failure closes the scene.

As just indicated, the disease runs a variable course. There is the prodromal stage of variable length, the period of irritation, the period of remission or oscillation, and finally the period of marked depression, paralytic features, coma and death.

The diagnosis is difficult; especially is this true in the first stage or prodromal period. Drowsiness, headache, vomiting and constipation following a period of restlessness and irritability would certainly point toward a meningitis. The antecedent history of the parents and child and the probability of a pre-existing tuberculosis assists in forming a diagnosis. A lumbar puncture with a microscopical examination of the fluid differentiates the type of meningeal inflammation.

As we have said in the beginning, the prognosis is bad. Some one has said the only hopeful point in prognosis is the possibility of a mistaken diagnosis. There are a few undoubted cases that have recovered, yet their rarity hardly invalidates the previous statement as to its fatality.

Though so uniformly fatal, an earnest effort should be made with the hope of reward. The treatment and management is practically the same as in any form of acute meningitis.

Absolute quiet in a darkened room. As there is an extreme tendency to emaciation, strong efforts should be made to maintain nutrition. The constipation is relieved by rectal enema or a mild purge.

Sponge baths used to relieve nervous irritation, to which mustard or sodium bicarbonate could be added with benefit. For its antipyretic effect the latter application is the better. Cold applications to the head give relief to the sharp pain in the head.

Remedies are then selected with the same care as exercised in other acute diseases. Should there be irritation of the stomach, small doses of aconite and ipecac can be given.

When the pulse is sharp and quick, the features pinched and the child cries shrill and tosses about, rhus tox. is the remedy. When the irritation is more marked and we have convulsions, gelsemium is the remedy. When stupor appears and the pupils are widely dilated, it is belladonna.

One might say with propriety that rhus tox. and gelsemium are the remedies in the early stages of the disease and belladonna in the later stages. Thus the remedies are selected, it might be sodium sulphite or hydrochloric acid.

Lately we have witnessed several cases of meningitis treated by lumbar puncture. We have witnessed the rigidity of the neck muscles and a fall of temperature of two or three degrees follow a puncture in twelve hours. The puncture was repeated whenever there was any exacerbation of symptoms. The amount of fluid withdrawn was regulated by the flow. The relief afforded was certainly marked.

At the best, all forms of meningitis demand our utmost efforts and are then frequently unsatisfactory in their results.

EGO, OR THE FELLOW WHO DWELLS WITHIN.

B. E. Dawson, M.D., Kansas City, Mo.

Some words that are very simple, and of such common use as to seemingly be well understood, can not be defined. The word life is such; all the definitions ever given in dictionary or encyclopedia, when boiled down, mean only "life is life."

We say, my hand, my foot, my head, my body, etc.; who is this fellow, who owns this body, with all its wonderful mechanism which controls the function of every organ and tissue, down to the most minute cell? We constantly speak of him in conversation and refer to him as a very familiar friend, but what do we know of him? As physicians we frequently ask of him information relative to the house in which he lives, but fail to cultivate a more intimate acquaintance with the Ego himself. In other words, we are deeply concerned about the house, but forget the tenant; we doctor the disease but neglect the patient.

Josh Billings said: "There is a heap more difference in some people than there is in some others." In my early training I was taught only age, sex and a few glaring idiosyncrasies, as worthy of observation in the therapeutic field. No two individuals are exactly the same. All do not take smallpox who are exposed. A number of children of the same age, same size, same sex and same complexion, retained in a room for two hours with a case of malignant scarlantina, will not all take it, and those who do will not all have the same form.

All germs, to live and propagate their species, require five things: a certain kind of pabulum, a certain degree of moisture, a certain degree of heat, a certain gaseous condition, and a certain chemical condition. This is outside the body, or in the test-tube. In the human

body they require one more condition, which for want of a better name we shall call susceptibility. Take away any one of these six and the germs will not thrive; supply the conditions and they will spore like mosquitoes in stagnant water.

We do not all take things alike. Call one man a liar, and almost automatically, he will smash your nose; call another a liar and he will consider the sourcce and placidly walk on. Give one patient a large dose of calomel and he will be prostrated for a week; another will be like an old lady who insisted on me giving her a heroic dose of "Old Samson." The next day I asked her how the calomel acted? She replied, "why, just beautifully, Doc." She began to improve at once and soon recovered. Take fifty children, as near alike as can be selected; give to each a toy, each toy an exact duplicate of the other forty-nine. Leave them alone for one hour, then take the toys from them. Will they all act alike? One will scream and fight, another will pout, another laugh, another be wholly indifferent, and so on. Why this difference when you have treated them all alike? The most efficient disciplinarian, in home or school, know well the futility of treating all alike. What is food for one is often poison for another.

All diseases are cured, all wounds are healed, all fractured bones are united by the Ego, the fellow who dwells in the Cave of the Winds, the holy of holies, the sanctum sanctorum, from whence well up into consciousness all the emotions, such as love, hate, benevolence, envy, etc. Otherwise the body of a dead man would respond to our therapeutic measures after the proprietor has moved out.

Again, this Ego is reached by suggestion only, and this suggestion must be of sufficient force to make him sit up and take notice, to change his focus of attention.

Sometime since I attended a ministers' meeting in Kensas City, where one of their members read a paper on Emmanuelism. The paper was a literary gem, and, as far as I could judge, a fair dissertation, but there was only silence in response. After the silence began to be painful, someone called my name. This was multiplied until a volley of such calls lifted me from my seat. I began saying I believed I could start something, which I did and it was hard to stop. My first statement was: "All cures are made by suggestion." This elicited a hot fight, the word suggestion, with them, being equivalent to Christian Science, and their churches had been more or less honey-combed by this cult. Questions came thick and fast from every angle of the room. As soon as I could be heard I qualified, or explained the meaning of the word as I used it. That every therapeutic measure, reaching the Ego, was suggestion, whether a soft whisper or the surgeon's knife, a Homeopathic or Allopathic dose of medicine, fasting or feeding, hydrotherapy or electrotherapy. One erudite minister, with polemical emphasis, put this hypothetical question: "Here is a man with a cancer on his body, the surgeon cuts it out and he gets well; where does any suggestion come in to the

Ego?" In reply I gave this hypotheical answer: "Here lies a dead body with a cancer on it; the surgeon comes and cuts it out, will he get well?" He promptly responded, "no, because the man is dead." I said "yes, the man is dead; the Ego, who does the curing, has moved out; he is not at home." He at once sat down without further argument, but the battle continued until time-limit silenced the batteries.

On no other hypothesis can the success of the various therapeutic measures, diametrically opposed to each other, be explained. One patient is cured by drinking six or eight quarts of milk a day, another is cured by fasting; one is cured by violent exercise, while the next one is cured by absolute rest; one may be cured by mental suggestion, another will require surgical procedure.

Want of familiarity with the Ego prevents medicine from being a perfect science and causes many egregious blunders. Our boasted public school system is an illustration. We try to mould all the pupils in the same pattern, regardless of the trend of the Ego. The boy who wants to be a farmer and can never succeed at other vocations; the one who desires to become a physician and has it in him to make a successful one; the pupil who thinks and speaks and writes in poetic measure and rhyme; the one who loves machinery, and is interested in nothing else, and so on down the line, or up the line, all are put through the press, like brick to be placed in a wall. Much time is wasted, the mind is loaded with dead freight, the proper channel deviated and the pupil's road of vocation obstructed with useless rubbish.

If Uncle Sam should order the tailor to make the clothes for all his soldiers, from the same pattern, size and shape, for the short fat man and the tall slim man, he would be reckoned as a consummate idiot. What a mirth-provoking sight this army would present in such habiliments. And yet, Uncle Sam's method of prescribing for sick soldiers is just as ridiculous and far more serious. The same prescription and the same line of treatment for all cases of influenza; the same therapeutic measures carried out in every case of pneumonia in the camp; the same procedure ordered in every case of measles, and so on through the list. You notice I used the word ordered. The physician in the army who ministered to the sick was a mere automaton. His judgment was sealed; his liberty taken away. A former student of mine said the hypodermic syringe of serum was often emptied elsewhere than under the patient's cuticle when a superior was not watching. I read of one physician who flatly refused to administer the treatment ordered, saying he would be court-martialed rather than be guilty of such practice. This man had a conscience and a will. This system was continued, notwithstanding statistics showed frightful results.

And yet, many physicians, in private practice today, are guilty of the same calamitous blunder. They are under the sovereignty of socalled authority and are afraid to take one step forward, unless the path is paved with bricks made at Dearborn Street, Chicago. Every move must

be buttressed by authority. What makes authority? Who is authority? I was called into court as an expert witness. Facing me was a lawyer with threatening mien. Beside him was a table loaded with medical text-books; on the other side of him sat a physician, bristling with whispered interrogation points. After I described a certain condition, resulting from an injury, the lawyer asked if I had ever seen that condition described in any text-book. I replied, "no." He then came at me, shaking his finger almost under my nose, with withering contempt, asked, "Then, sir, where is your authority for making such a statement?" I replied, with a slight tinge of bravado, "Authority is based on observation and experience; if I have these, I am as good authority as any text-book; here is my authority" (touching my forehead with my finger). He suddenly hit the chair and soon excused me.

This is the main objection to the various cults of healing. Each cult or school is tied fast to its so-called authorities; they use the same method on all patients, regardless of the personal equation of the Ego. They are too exclusive and too inclusive; they wish to exclude every other method and include every malady, from in-growing toe-nail to the most malignant form of cancer; from infantile colic to yellow fever, and without considering the individuality of the patient.

While it is necessary to examine the house needing repair, it is also required to see the man who does the repairing; get his attention and see that he gets busy. If a house leaks or is about to cave in, the tenant must be made to realize the condition before he will attempt to repair the damage. If a man's house is on fire and he is asleep within, the best way to inform him is the quickest and easiest way. It is unnecessary to bombard the house with heavy artillery if you can reach him with the telephone, or tapping on the door; it is unnecessary to yell, at the top of your voice in the morning to bring your child from slumber to the breakfast table, if a gentle, soft call will answer.

So with the Ego in practice; if a mental suggestion will reach him, get him busy on the job, it is worse than useless to purge and puke him. If chiropractic adjustings will change his focus of attention in the right direction, it is worse than useless to prod him with the surgeon's knife. We should select the most effective and at the same time the most congenial procedure to convey the suggestion to this important personage.

The physician who studies closely the Ego and becomes most familiar with him, so that he knows his individual personalities, will be the most successful practitioner in preventing or curing disease and prolonging life.

Chromium sulphate is advised in reducing a simple goitre. It is quite common for young people before the age of seventeen to have enlarged thyroids, and if from two to four grains be given these patients three times a day, the external enlargement painted with iodine, good results are very common.—Ellingwood.

ECLECTIC MEDICINE.

W. N. Holmes, M.D., Nashville, Tenn.

There is so much that can be said about Eclectic medicine that one is really afraid that too much will be said in any one article, rather than not enough. I have often thought that if Black, Smith, Thomson, Morrow, Bankston and many other had been more diplomatic in their writings than they were, and especially used more policy in their treatment of each other, the reformative innovation in medicine would never have met with the opposition that it did, for we remember that in 1840 Dr. George McClellan, of the Pennsylvania Medical College, father of the Union General of Civil War fame, said: "We must adopt the Thomsonian medical agents or lose our practice."

This showed that reformation was favorable to old school doctors. Later on, the reformation talked and wrote themselves into much trouble, as the dogmatic persistence of the dominant school turned to malevolent trickery for the purpose of trying to legislate reformers out of existence, necessitating every inch of ground to be fought with unequal numbers and weapons, with the obvious fact that the innovators had them bested on therapy. And at this late day, except for the kidnapping of reform and Eclectic discoveries, what would the old school have upon which to base a therapeutic battle?

The same recourse has been taken upon American reformers as upon Paracelsus in the sixteenth century—strategy and legislative laws.

This country fought for and obtained freedom. The edict went forth that every man should worship God according to the dictates of his own conscience. Religious views were not to be hampered; it meant that the souls and salvation was not to be interfered with by restrictions to doctrine or creed. It is not a free country and never has been in medicine. If Eclectic medicines were all poisons and given in questionable doses, legal prohibition would then be applicable, as in alcohol, whiskey and brandy, and I am not so strong on that as William Jennings Bryan.

If legislative bodies would give Eclectics a test with a hundred or a thousand cases of typhoid fever or pneumonia or influenza or any other prevailing epidemic, and if results are not equal to or better than the same number treated by the regular school of medicine, then we are willing for restrictions, prohibition and complete annihilation. This may be a bold and rash statement, but I do not favor the diplomacy previously referred to in this article, believing by common consent all men of the profession should come together and discuss medical topics, compare results in practice, accepting the good and rejecting the bad. I believe in an open life and record. I have no use for the word "policy." The principle of policy was born in hell and to hell it will return, with all its votaries.

If, in the time of Wooster Beach and his contemporaries, when American Eclecticism first took its name and Eclectic medicine began to

be classified as a distinct therapy, the people, as a mass, had been permitted to pass upon the merits of Allopathy and Eclecticism, there would long ago have been the one practice in this country, and that would have been the American practice of medicine—Eclectic, of course. Eclectic medicine need no better definition or description than we find in King's American Dispensatory and Scudder's "Specific Medication and Specific Diagnosis." But it must ever be known that Eclectic medicine means, and has ever meant, since the name has been employed in America, drugs derived from botanical origin, used to displace what was considered orthodox medicine, which has been clung to for ages, with dogmatic authority, regardless of their obvious baneful effects upon the victims of their application.

What is stranger than any other feature in medicine is that, notwithstanding the many proofs of the efficiency of discoveries of Eclectics, there still arises that persistent lack of faith in anything that has not been evolved from an archaic source or from the ranks of the orthodox or dominant school. Take, for instance, the scutellaria lateriflora, with the experiments in hydrophobia made by Van Derveer, Thatcher, Lewis and others.

They have all been turned down and resort made to the more intricate and scientific method of treating the saliva or blood of the rabid animal, evolving a serum, the injection of which prevents the development of hydrophobia; a modified method of cure by "the liver of the mad dog fried." I have never had occasion to try scutellaria in hydrophobia, but were I to have a case I certainly would test it out. Echinacea has been discarded by the U. S. Pharmacopeia because a physiological poison has not been found of sufficient strength to produce death, the modification of which to be used as medicine.

I would have been pleased to have had legal authorities of our country compare echinacea with influenza serum in the treatment of the malady that swept our country from shore to shore in 1918-19, also the winter and spring of the present year, and note the results.

Again, recall by unbiased proof the cases treated by not only serum but by regular skill and practice, as compared with the cases treated by Eclectics, nothing results. I saw as many as 96 bodies in one undertaker's establishment, being prepared for burial at the same time in 1918. I was going day and night, fearing all the time that I would lose cases, as I could see ambulances and hearses going at all hours. I had cases of all kinds and color. A perculiar condition and startling as well—appeared at the old Hickory Power Plant—denominated black tongue. When I heard this, I paid but little attention; but in a day or two there came a call stating that a patient was brought in from the Powder Plant with black tongue, and wanted Dr. Holmes at once. I responded, being anxious to see a case. As far as had been reported, all similar cases had died. When I reached his bedside, I found him with temperature 106, pulse 130, a singular phenomenon, in influenza, the pulse proportionately

slow for the temperature. I asked to look at his tongue, which he extended as best he could. It was swollen and covered with a coating very black, with a profusion of soapy, slimy covering. Fauces, tonsils and as far into the cavity as I could see, was covered alike, nothing like anything I had seen before, except cases of murrain in cattle. His breathing was rapid, accompanied with a fearful odor.

I ordered a saline cathartic—citrate magnesia and had him drink the whole bottle at once. Prescribed aconite gtt. x ; gelsemium gtt. xx ; echinacea dr. 1 ; ipecac gtt. x ; aqua oz. iv ; teaspoonful every hour. Sodium sulphite in 15 gr. doses every three hours.

I left on other calls, promising to see him again in 24 hours. On my return to my great relief I found him much improved. I visited him eight days and carried him in my car to the station and permitted him to take the train for Texarkana, Texas, his home. He made a quick recovery. Many such cases came to me later, all of whom recovered. As far as I could know, all similar cases who were treated with the synthetic antipyretics died, and died quickly.

One case of black tongue, went deaf as a post on the fifth day of the disease and blind on the eighth, resulting on the twelfth day in abscess of the left thigh, which I opened on the twentieth day, with discharge of great quantities of pus. My treatment in this case was the same as in the first, except that I gave calcarea sulph. 2-x in connection with echinacea for the suppurative process which was determined as a streptococcus infection.

Over 1,000 of these cases I treated in 1918-19 ; then, again, in the early months of this year I had something over 500, losing none except one lady ninety-three years old, whom I lost with good grounds for criticism, as I left her early at night, convalescent. Soon after I left a cloud arose and it began to rain. The nurse, not knowing how to protect the patient, she took cold, went into bronchial pneumonia and died in less than twenty-four hours. I should have stayed with her.

All of my "flu" cases were treated with Eclectic remedies, not using in any case coal tar derivatives or aspirin.

Knowing medicine as I do, if living one hundred years in the past I would use infusions and decoctions of American Eclectic medicines ; if practicing sixty years ago I would use the then advanced syrups, decoctions, and extracts ; if forty years ago, when I began the practice, I would use specific tinctures and Eclectic remedies such as were then prepared by our friends and co-worker, Prof. John Uri Lloyd. Now that he has begun the great and incomparable work of colloidal chemistry as applied to Eclectic pharmaceutical products, I wish that he could live another hundred years. The work is becoming so pleasant, so gratifying, that I fail to be able to see how any man who has Eclectic or selective skill would hesitate to use Lloyd's colloidal medicines.

I regard the subculoids and colloidal medicines—Lloyd's—as being the greatest innovation in Eclectic medicines. I cannot see how we can hope

for further improvement in the pharmacy of Eclectic medicine, nor can we scarcely expect better elucidation of their applications than we get from Professors Felter and Ellingwood in their masterful exposition of truths in the old E. M. Journal of Cincinnati and the Therapeutist of Evanston, Ill. All who wish to know Eclectic medicine, its origin, his tory and what it is today, should read these journals.

TWO NEGLECTED REMEDIES—MOTHERWORT AND BARBERRY.

Andrew J. Mann, M.D., Alvaton, Ga.

In the rushing and very anxious haste to find better and more potent things, therapeutically, we are very apt to lose sight of more important as well as more merited and better tried agents. The writer sometimes fears nihilism of the vegetable therapeutic agents, any way, and believes that the two embraced in the subject are beginning to suffer almost with the threat of discard and oblivion. These two are: Leonurus Cardiaca, or Motherwort; and Berberis Vulgaris, or Barberry.

We will briefly consider the importance of the first mentioned. Ellingwood and Scudder give these agents an appropriate place in their works on materia medica, but Goss and Fyfe do not. Durham once said in my presence, with great emphsis, that motherwort was one of the best, safest, most powerful emmenagogues in the materia medica. I deem its efficiency in this particular is what brings it before the profession as a very prominent and conspicuous remedy.

Let us therefore first briefly consider a botanical description of the plant, which later editions of most works are omitting entirely. It is a perennial plant, growing in waste places. Its blooming period is during the months of May until September. It grows quadrangularly, three or four feet high; downy. channeled, and purplish palmate leaves, five to seven lobed above, opposite, rough, petioled, dark green, downy, arranged in four vertical rows. Flowers in axillary cymes; calyx with awl-shaped rigid teeth, corolla purplish, upper lip bearded, lower lip three lobed, middle lobe obcordate; stamens four, anthers in pairs; achinum, oblong, apex prolonged into slender beak, bearing white slender pappus, bristly. The root is composed of long yellowish fibres; odor and taste aromatic and bitter. Solvents, alcohol and water. So much for the brief description of motherwort, which I presume later writers are omitting from the text-books, I judge, due to the cost of paper, and the little importance to the practitioner, in these days of perfect pharmaceuticals.

The constituents are said to be a bitter principle and a volatile oil.

The synonym is simply motherwort. The natural order to which it belongs is Labiataea. Its habitat, is Asia, Europe and North America. The part used for medicine is the whole plant, and the preparations are: Fluid extract, tincture and infusion.

Dose of fluid extract, 30 to 60 gtts.; tincture, 1 to 4 fluid drachms; infusion, 1 to 4 fluid ounces.

Therapeutic qualities: tonic, laxative, and diaphoretic, like asclepias; emmenagogue, like macrotys, and a nervine like scutellaria.

Its specific symptomatology calls positively for its indication in suppressed lochia from any cause; amenorrhea and dysmenorrhea, with nervous conditions and hysteria.

It is best given in hot infusion.

In a conversation once with the late Dr. Durham, he very emphatically told me that the believed it to be one of if not the best emmenagogue in the materia medica.

Combined with echinacea in suppressed lochia, threatening septicemia, it is, indeed, valuable, and quite useful in delirium tremens and the muttering delirium of typhoid fever. This I know from actual experience, but in the latter it can not take the place of other agents, which we all know to be more specifically indicated.

It is simply fine in hysterical convulsions, insomnia, spinal irritation, ovarian neuralgia, stomachic and that of the head, chorea, cardiac palpitation, bearing-down pains, and almost any nervous phenomena associated with or due to uterine disease.

The writer gets better results in amenorrhea by combining it with aloes.

It can be prepared for administration as a decoction or infusion and given in large doses, and emphasis is to placed upon the fact that it can promote better results given in hot water associated with a hot pediluvium. I have never seen or heard of any untoward or unfaverable results in the pregnant patient, and I have no information whatever of its being considered an anti-abortifacient by any authority, but on the contrary it is to be logically considered an anti-abortifacient due to its nervine and antispasmodic qualities.

Great stress is placed upon the fact that motherwort is one of our most potent and important emmenagogues. It is not to be presumed that it will do everything and relieve where there is mechanical obstruction, for it will not but it is safe in all cases. No toxicity can be ascribed to it, even in very large doses. It is almost exclusively a female remedy.

I fear it is being neglected by the profession, and wish to stress its importance and value.

Literature upon the common barberry is more rare than that upon motherwort. I fear that there are many very useful agents in our materia medica fast becoming obsolete and travelling to oblivion. This no doubt due to the interest in fads and the fascination in novelties. In reference to barberry, I wish to make the statement in order to avoid confusion, that it must not be confounded with bayberry (Myrica cerifica), Berberis aquifolium (Oregon grape), although botanically it belongs to the same order. Neither should it be identified as Bearberry (Uva Ursi) or Bearsfoot.

Its omission from the many text-books may be partly due to the fact

that its space is needed for what is thought to be far better and more potent agents, but in my humble opinion a sad mistake has been made in the omission.

Goss declares in his text-book on materia medica and special therapeutics that barberry has not received proper attention.

I regret very much my inability to give a botanical description of this plant in detail, but it is a European shrub of the order Berberidacea, having been naturalized in North America. It is of ordinary height, branchy stems, alternate and simple leaves, racemes of yellow flowers and elongated bright red berries. Grows in thickets and waste grounds. Branches grown from four to eight feet high, with proportionately long bending limbs. It is sometimes cultivated for ornamental use, and the fruit is made into preserves and pickled, and I find it mentioned in Longfellow's poem, Hiawatha, on account of its splendid appearance.

Active principles: Barberine and berberic acid.

Preparations: Fluid extract, minim representing a grain of the crude drug; and infusion, made by adding 2 ounces of the fluid extract to 14 ounces of boiling water; the dose of the former, one-half to one fluid drachm, is seemingly rather large, while the latter is one-half to one ounce.

Goss prepared a saturated tincture by combining eight ounces of the fresh root to one pint of 76 per cent. alcohol. His dosage was half drachm to one drachm every three or four hours. His dose of the fluid extract, however, was ten to thirty drops. I find ample dosage in one drachm to four ounces of water, giving a teaspoonful every two or three hours.

There is a proprietary preparation of barberry known as "Jaundice Bitters," made by mixing: Fl. ext. berberis vulgaris (bark), oz. ij; orange peel, bitter, oz. ij; chionanthus, oz. j; prickly ash, oz. j. Dose: Two to four drachms.

Therapy: Berberis may be harsher but more potent than several other drugs containing berberine. In small doses it is a stomachic and intestinal tonic; in larger doses it is a laxative, cathartic and cholagogue. It is also, to some extent, an antiperiodic. It increases the secretions of the intestinal canal and thus relieves costiveness and constipation. It is an alterative to the stomach, bowels and mucous membranes; it stimulates the torpid liver to normal activity and promotes a normal flow of bile. It is very efficacious in the treatment of atonic dyspepsia, hepatic torpor and rheumatism, and right here I beg attention, for it is claimed by Dr. Eli G. Jones to relieve fugitive neuralgic rheumatism in very moderate dosage. I have endeavored to learn its modus operandi in this respect, and can only conclude, at the suggestion of Dr. Elzie B. Thomas, that it relieves by eliminating the urates by its effect upon the liver and through the kidneys.

When we are disappointed with chionanthus, rhubarb and cascara, if

we will combine them with berberis, the unpleasant and disappointing effects will be overcome where the agent is specially indicated.

MOTHERWORT.

Dr. M. M. Harvill, Nashville, Tenn.

Leonurus cardica is a remedy for suppressed menstruation. I have never used it for anything else or any other condition. I have been ussing this drug for thirty years for this one condition and have yet to witness a single disappointment. I have kept no record, but during this long period of time I can not recall a single case where it did not render valuable assistance. I have never employed anything except an infusion from the herb, administered hot, about one-half to one cupful every two to four hours. In puerperal septicemia with too scanty or suppressed lochial discharge, this medicine has never failed to establish discharge and improve the general condition of the patient. In suppressed menstruation where such condition is of short duration, it would nôt only reestablish the flow, but relieve cramps and pain which are usually attendant. I have suggested this remedy in consultation a number of time and find it too little known to the medical profession. Dr. John King used and recommended motherwort forty or fifty years ago for these same conditions. If you have never used this remedy, try it and be convinced.

THE GYNECOLOGICAL EXAMINATION.

J. H. Hauck, M.D., Terre Haute, Ind.

The importance of the gynecological examination cannot be overestimated. The success of the physician is oftentimes attributed by the patient to the painsaking care and act of the examinating physician. The physician must respect the sense of modesty of his female patient. Wherever practical there should be a female attendant, nurse or office girl present. All undue and unnecessary exposure should be avoided. Behind the screen or in a separate dressing room the patient is directed to remove or loosen all obstructing clothing, such as corsets, tight waist bands, and closed crotched underwear and put on a loose gown. Some patients prefer to use their own garments and I always acquiesce to their wish. In my own office I have examining gowns made after my own ideas with openings both in front and back so that they can be used for any kind of examination you wish to make. They are also the very thing for the gynecological examination, for the front or back part of the body can be examined without unnecessary exposure.

After the patient lies down on the examining table or chair a sheet is spread over her. The loose clothing is then lifted above her hips and the feet adjusted in the stirrups or leg holders. She is directed to sep-

arate the limbs widely and she is brought well down on the table so that the hips extend slightly over the edge of the same; all unduly exposed parts must be covered with sheet or towels. She must be made to feel comfortable and easy and as unembarassed as possible while in this position, as this position is somewhat tiresome, and it should not be maintained longer than necessary; therefore, whatever instruments and medication is used should be made ready and placed out of sight before the patient is placed on the table.

All instruments such as specula, dilators, applicators, dressing forceps, etc., should be boiled and sterilized before using. The hands and finger nails of the physician should be clean; the long finger nails should be trimmed close. If infection is suspected the rubber gloves should be used in the examination. Warm instruments should be used in making the examination, as a cold speculum is very disagreeable and distasteful to the modest patient.

For convenience the examination may be divided into the following groups: (a) inspection or visual examination; (b) manual or digital; (c) bi-manual; (d) instrumental.

Inspection or visual examination should be the first step in the examination and should never be omitted. Separate the labia with the fingers of one hand and make observation of the mons veneris. Scratchmarks of same would indicate either pruritus or pediculi. Notice the clitoris, whether inflamed, normal in color and size, or whether it is constricted by a tight hood. In an inflamed or hypertrophied clitoris you might suspicion masturbation. See if there are any caruncles, constriction or inflammation about the urethral orifice; if there is any pus or discharge which would indicate infection or general urthritis or inflammation of Skene's ducts. Notice the vulvar orifice. In the virgin the vulvar orifice is usually small and the labia firm, the orifice in the multipara is somewhat enlarged and the labia flabby. A ruptured or absent hymen is not necessarily to be considered as proof of unchastity, as this membrane may have been torn by a fall or by the use of the vaginal douche. See if there is evidence of chancre, mucous patches, lacerations of perineum, gonorrheal or leucorrheal discharge. Examine the anus for hemorrhoids or fistula or fissure.

In making the digital vaginal examination, the hands should be free from rings, thoroughly clean and properly lubricated. The fingers should pass into the canal or vagina over the perineum instead of from above. The index finger is gently inserted into the vagina; the pressure should be made posteriorly rather than anteriorly. If there is room and two fingers are desired to be used, the second finger is slipped in gently alongside of the index finger and the examination proceeded with. It is well to distract or divert the thought of the patient away from the examination as much as possible, as it will have a tendency to render the examination less painful and also less embarassing to the patient. Surprise or anxiety should never be expressed by the examining physician,

and levity has no place at this time. In the digital examination note the length and size of the vagina, the condition of the perineal body and vaginal floor, if any fistula are present. Note the feel of the cervix; a hard unyielding cervix suggests cancer, where small, smooth and elongated with pinhole os it would indicate sterility. A large boggy cervix with large opening would indicate that the patient has had children; note also if there are any lacerations of the cervix due to childbirth. Note if there be room enough between the bones to admit of normal childbirth.

Bi-manual: With the left hand over and behind the pubic bone firm pressure downward is made, and with the two fingers of the right hand inserted in the vagina to the right and left of the uterus, so that the fingers of the left and right hand nearly approximate, examination of the ovaries can be made. Note their size, if cystic or prolapsed, tender to the touch, whether freely movable or adherent, note the condition of the tubes. Slip the left hand deep down behind the uterus and with the fingers of the right hand deep and firm pressure is made upward behind the uterus. You now have the uterus between the two hands. Observe if there is malposition, whether movable or adhered, normal in size or enlarged, or if a virgin uterus, or if there is evidence of pregnancy, or any tumor masses, cancerous or otherwise.

Instrumental: Insert the well anointed speculum and separate the blades so that a good view of the cervix uteri can be obtained; reflected light may be of much service, as a better view of the parts may be obtained. In this plain view you can see the extent of the lacerations of the cervix if any, and whether they are unilateral, bilateral or stellate; see if there are any erosions of the cervix present and the extent of the same. Note the color of the cervix, whether inflamed or normal in color; observe if there be any discharge from the cervix or uterus: uterine polyp or a pedunculated fibroid may be present. There may be a tight os to deal with, fibroid tumor or cancer may be present.

Rectal: If you wish to know more about the rectum than the visual examination, use a rectal dilater. You then have a perfect view of the interior of the rectum; you can then know if you have internal, middle or external hemorrhoids to deal with, fistula or fissures, stricture or a tight rectum, whether there is a cancer or proctitis, and whether or not the colon is involved.

In conclusion, if you find any pus discharge, collect some of the same and have a microscopical examination made to determine if it is specific or not. It will be a wonderful aid not only in the correct diagnosis of your patient, but also be a help in your treatment of the same.

Always take into consideration the comfort and welfare of your female patients, for sometimes a large part of the physician's practice comes from that source; and, furthermore, if you have the confidence of the female members of the families, it is almost a cinch you can have the rest of the family. A woman patient is either for you or against you;

there is no half-way station with her, and her influence should not be idly passed over. Therefore, try to create the confidence of your patient by a careful and conscientious examination and treatment, and after you have that confidence try your best to keep and maintain it, for of such is the practice of medicine.

TONSILLITIS—COMPLICATIONS AND SEQUELAE AND TREATMENT.

J. Paul Harville, M.D., Nashville, Tenn.

A short while ago, at a State medical convention, a very prominent physician, in discussing the subject of tonsillitis and the indications for complete removal, threw a bomb into the camp which was followed by a heated discussion. Briefly he said: "The best indication upon which the modern throat specialist relied was fifty dollars in the patient's pocket." His statement was followed by some favorable and much unfavorable comment.

While we physicians who do a general practice have a splendid opportunity to observe the after-effects of operations by throat specialists, and we also realize how willing our patients are to remunerate them for their work, and seemingly how much faster they accumulate this world's good as compared to us, yet I am unwilling to admit a mercenary motive with a great majority of our modern specialists.

This is a great age for experimentation and progress, and some things we do we do blindly in a measure, because we do not know what else to do, hoping that what we do may bring results.

The specialist is now on the crest of the wave where all ills from which the human body suffers are attributed to the tonsil. Not in the far distant future reaction will take place and a more intelligent indication for enucleation of the tonsil will be commonly understood.

At first the hypertrophied tonsils were removed, whether caused from carious teeth or syphilis or a general rhinitis. If syphilis be the cause there should be administered a thorough course of anti-syphilitic treatment before surgical interference.

We are told that the hypertrophied tonsil is not always the most dangerous one, for occassionally our worst local infections come from a very small tonsil. We do not as yet understand why we have in one patient the hypertrophied and in another an atrophied tonsil.

I have long since learned that tonsillitis is one of the most treacherous disease with which we contend. So deeply has my experience with this disease impressed me that when I have a well-defined case of tonsillitis before me I insist upon the patient going to bed at once and remaining until all symptoms have disappeared. I do not fail to warn the patient of the various complications, such as peritonsillar abscess, otitis media, mastoiditis, laryngitis, bronchitis, etc.

Remaining in bed will not always avoid these complications, but will greatly lessen them. I have had acute nephritis, acute rheumatism, gastritis, colitis, appendicitis and pneumonia seem to depend upon the toxemia of acute tonsillitis.

In the crypts of the tonsils there linger all forms of germ life, staphylococcus, meningococcus, colon bacilli, etc., ready to give trouble when the patient's resistance is lowered from getting wet or taking cold.

If called to a case of acute tonsillitis in the early stage, I do not hesitate to use 20 to 50 per cent. silver nitrate applied in the crypts and over the body of the tonsil. This will sometimes abort the disease, or at least cut it short.

There is no disease where constipation is such a constant symptom. The bowel should be moved daily. I would not care to treat tonsillitis without aconite. Its action is very positive. Phytolacca, echinacea, gelsemium are to be selected.

DISCUSSION.

Dr. R. L. Thomas (Cincinnati, Ohio): I listened with interest to Dr. Harvill's paper, and I agree heartily with him; but there is one agent that he did not mention that I would like to call to your attention that I think it almost a specific. If you will take tonsillitis right in the beginning, when the tonsils are angry and red, and give them as much belladonna as they can stand, you will abort most of the cases within twenty-four hours.

INJURIES AND AILMENTS FOLLOWING LABOR.

M. S. Canfield, M.D., Frankfort, Ind.

When we consider that child-birth is a natural outgrowth of marital life, it is somewhat surprising that this should at times be followed by ills of such magnitude that the most able surgeons are called to devote much of their time and acquired skill to the correction of these injuries.

We find many pelvic diseases following labor; especially is this observed in the lower classes, where the environments are poor and skilled medical attention neglected. Those who are more fortunate and receive modern attention from physicians and nurses do not so often suffer from traumatism and infections.

These tears not only destroy the integrity or the pelvic floor, but also cause displacements and rectocele, sometimes involving the sphincter, resulting in incontinence. We know lacerations of the cervix retard involution of the uterus, predisposing to endometritis, menorrhagia, eversion of the cervical mucous membrane and malignant disease. Indeed, the majority of genito-urinary fistulas are caused by traumatism during labor. While all lacerations are dangerous on account of increased liability of sepsis, yet the more serious results in the interference of the pelvic circulation, and thereby eventually destroy the normal supports of the pelvis.

Any one assuming the responsibility of delivering women should also be mindful that the normal convalescence depends upon a healthy involution of these organs, and any cause which will interfere with nature's work will produce results disastrous to the life of your patient. Many women have suffered years after confinement, owing to the failure of the attending physician to recognize and repair lacerations, or from following an imperfect technique, and sometimes compelling the poor woman to lie upon her back with a tight bandage days after delivery.

After observing these cases for many years, I feel very certain that an imperfect technique upon the part of the physician or nurse is responsible for many ills which follow child-birth, and should be well guarded against, thereby preventing an infection which is one of the most dangerous accidents which can befall a lying-in woman. It is very unreasonable to keep such a patient upon her back for an indefinite period, when we consider the heavy uterus must necessarily fall backward and downward, stretching its ligaments and obstructing the pelvic circulation. We can only expect sepsis when the lochial discharge collects in the vaginal cul-de-sac, forming a stagnant pool.

Going to the other extreme, it would be unwise to permit your patient to be too active soon after confinement, for this will most likely result in subinvolution of the uterus. The strain would be too great upon the uterine ligaments at this time, when we need quietude and rest, allowing these organs to assume their normal attitude.

While puerperal septicemia may result from some previous pelvic disease, yet the majority of such cases are the direct result of mismanagement upon the part of physician or nurse. A correct technique must be observed.

The distinction between infection and inflammation is of such great importance that he who fails to make this distinction will fail in his treatment, by failing of a correct diagnosis.

The gonococcus of Neisser, which is one of the most insidious in genito-urinary disease, causing salpingitis, acute metritis and numerous other troubles, continues long after apparent cure. The germ has a lasting vitality. Many healthy women shortly after marriage find themselves suffering from gonorrheal infection of the genito-urinary organs, notwithstanding before marriage she was innocent and healthy; but, unfortunately, her husband, who supposed himself cured of gonorrhea years before, still carried the infection.

The traumatism of parturition may extend into the uterus and other organs, thereby followed by destructive inflammations, such as phlebitis, lymphangitis and many other similar ills.

Why do so many women date their pelvic diseases from the time of their marriage or from the time of their first birth, which was followed by a severe "child-bed fever?"

Many of these cases of diseased uteri, tubes, ovaries, urethritis and cystitis could better be explained by "an apparently cured gonorrhea," if

we could obtain a correct history of the husband's pathological condition before his wedded life.

Sometimes young men are advised to marry in order to improve their sexual weakness or to cure a chronic gleet, etc. Such wrong and destructive advice has ruined the reproductive organs of many an innocent woman. Therefore, in all suspected cases marriage should positively be refused and deferred until after repeated cultures have proven this case negative.

Tears of the lacerated perineum are of such frequent occurrence that the alert accoucheur will be on the lookout for these traumatic accidents and give them immediate attention.

Perineal tears have had the following divisions: Those having involved the fourchette and anterior margins of the perineum; those lacerations which extend into deeper portions of the perineal body, often exposing the sphincter ani muscle; those which extend through the perineal body and the sphincter ani muscle, giving rise to a deep cloaca into which the vagina and rectum enter.

J. Whitridge Williams has well said: "No matter what the degree, the immediate closure of the perineal lacerations by suture is urgently indicated. Even slight tears through the fourchette are better repaired than left alone, for if left until later, even when united by sutures, they are often painful, and furnish the excellent nidus for infection in case of the nurse becoming lax in the care of the patient. Even in more extensive tears immediate repair is necessary, unless a serious complication contradicts further operation."

We must bear in mind that the significance of pelvic infection varies much in different patients, not only as to the location and nature of the parts involved, but as to the virulence and traumatism which produced the trouble. Very often the symptoms are out of proportion to the lesions, and an infection of little danger causes great suffering, while another which threatens life may be almost painless.

All these conditions must be carefully and correctly diagnosed at an early date, giving the treatment which each individual case demands, allowing no woman to go through life suffering from an injury or infection which science and experience have proven to be amenable to treatment.

SPECIFIC DIAGNOSIS AND SPECIFIC MEDICATION PLUS.

H. H. Helbing, M.D., St. Louis, Mo.

My purpose in choosing this subject is, if possible, to stimulate a desire on the part of all of us to study approved methods of scientific diagnosis and treatment. We believe that specific diagnosis and specific medication is the greatest therapeutic system ever evolved and is the most practical and successful system used today. And yet, do we be-

lieve it is all-sufficient? I fear some of us believe that it is all-sufficient, and that all modern science and discoveries in medicine should be ignored. It is because I believe this attitude prevails among our members that I wish to discuss the above subject with you.

We no doubt have heard slighting remarks made about the use of a blood pressure apparatus, and the use of the microscope in diagnosis. We have heard the vaccines and serums ridiculed, and more so by those who have never familiarized themselves with such methods, much less ever used these agencies. I feel that such of us that take this attitude are as far wrong in their beliefs as are those in the A. M. A. who arrive at a conclusion by testing the virtues of echinacea in a laboratory and declare it inert.

One who has had actual experience with the use of the microscope and other instruments to aid in clearing up a diagnosis, can not help but pin his faith to its accuracy in suitable cases. We will all admit that we have some cases where our diagnosis and medication does not answer, and the cases do not respond to the indicated remedies. In such cases we are handicapped if we know nothing about methods of delving deeper into the case and try to intelligently clear up the diagnosis. We may not be equipped to do this work, but we will know just what plan should be pursued and have enough faith to advise the patient where to go for information. Take, for instance, obscure stomach troubles or wrongs of the intestinal tract that do not respond to favorite remedies—perhaps a test meal and analysis, or an X-ray, will reveal the true condition; or possibly an examination of the blood will show a positive Wassermann, or a blood count will indicate a leukemia or profound anemia. Take, for instance, a case of rheumatism that does not respond to your treatment, or, if it does, as soon as treatment is discontinued the pains return; your duty is to find out whether the wrong is due to uric acid or to some septic infection with the tonsils or the teeth, perhaps, at fault. I can hear criticism arise when I mention tonsils, for many are so radical that they are opposed to the removal of tonsils under any and all considerations; but your opposition or belief does not explode the theory, born out of practical experience, that the tonsils are often the source of bodily ills far remote from the primary wrong. Neither does your belief stop the trend of public opinion which is being educated by seeing the benefits derived in their neighbors' children when their tonsils are removed, providing they have been suffering with diseased tonsils.

Now, public opinion, especially if it has been formed after seeing results, is a force that must be reckoned with in a democracy such as ours, so that it behooves us to at least investigate these things with an unprejudiced mind and adopt that which is good.

As regards methods of treatment evolved of late years, some forms of which are matters of controversy, such as the administration of antitoxin in diphtheria, the use of salversan in syphilis, the giving of extracts

of ductless glands, the application of physical therapy such as electricity, vibration, concussion and percussion of vertebra, etc., I believe some or all of these measures in suitable cases are worthy of trial, and especially when we have exhausted our armamentarium and are unable to relieve with specific medicines. What I especially wish to call your attention to, or rather the physicians that I especially wish to appeal to, are the ones who taboo all of these measures without giving them a trial, or at any rate a little trial, and have formed a hasty conclusion. As I said before, specific diagnosis and medication is one of the greatest discoveries of the age, but it fails in many instances to cure some cases, and especially the chronic type, in which case I urge upon you to study these other measures so as to be ready in an emergency.

In regard to the surgical treatment of certain wrongs, it pains me much when I hear a physician get up in a convention of medical men and say that he has been practicing medicine for many years, has treated hundreds of cases of appendicitis and cured them all without resort to the knife. I always conclude that either some of them slipped away from him to another physician who operates on the patient, or else many of the cases were nothing more than indigestion with flatulency, or he happened to get mild cases. Some doctors are such extremists on the use of surgical measures for the cure of their patients that they will not recommend surgery for anything, so that they fool along with their patients, doing them but little good, until the patient goes to some other doctor and gets cured after proper surgical measures are instituted. I merely wish to impress upon such extremists that for their own welfare it were better to not be so prejudiced as to kick surgery out entirely, because this will militate against their final success in the practice of medicine.

THE TREATMENT OF THE INSANE.

W. E. Postle, M.D., Columbus, O.

In no direction have the benefits of science and education been shown more clearly than in the altered attitude of the medical profession, as well as of the state and community, toward these unfortunate persons suffering from mental alienation. It is only within the last century that a proper consideration has been given to the care and treatment of insanity. It is within the memory of men still living that institutions for the care of such cases were called insane asylums, and in which the patients were treated as prisoners and offenders; were subject to hard discipline and close confinement, while cells and dungeons and manacles were used in their restraint.

Today, institutions for the care and treatment of the insane are called hospitals, and the patients are considered as invalids and not offenders. While it is true that restraint and discipline must be enforced and is

beneficial for these patients, yet this restraint is administered kindly though firmly, and the good of the patient is sought rather than the convenience of the attendant. For this reason the old ideas of dread and horror in reference to placing friends or members of the family under the care of the state hospital, or other proper institution suitable to their treatment, have to a considerable extent disappeared and their kindly work and true merits better appreciated.

A special training is now given to nurses who devote their lives to the care of insane patients, and they are better equipped and qualified for this work than were the strong-armed attendants of a few years ago. Study and research are helping us to see a little deeper into the various causes of insanity and enable us to take the more logical methods for treatment and cure. Better than all, study and research show that some forms of insanity are preventable. Prophylaxis is indeed a most important part of our studies on insanity. Cases that were at one time preventable, or at least curable, become fixed and chronic, and when well developed are capable only of slight improvement. The etiological factor of heredity enters so largely into the causation of some forms of insanity as to seem to be the whole basis of its development, and there is indeed little doubt that it plays a part in all cases not due to injury or other disease.

Prophylactic measures in most cases will have to do with education and environment. By education we mean not only the mental education of the schools, but the social training and physical development as well. By environment, not only the family life and associations and surroundings, but the trade, business or employment intended for the life work of the person. Many cases of insanity seem to be the result of an overapplication of the mental faculties, and the patient suffers not only a mental breakdown but a physical breakdown as well, showing the lack of vitality and endurance that was inherent in the patient. The frequent meeting with such cases convinces one that the life work and employment of such patients was not suited to their abilities, and this is the real reason for the breakdown. Or, let a man or woman be enforced to work where the surroundings and the work performed and the associates are all disagreeable (the so-called unhappy environment), and the reaction on the mentality can hardly be otherwise than harmful, especially to a psycho-neurotic temperament.

The examination of school children by the mental tests employed to discover their abilities and defects, will, in future generations, much simplify the task of picking out a suitable vocation for the young man or young woman. Their mental abilities will point to the best line for mental application, and avoid many of the misfits in life work that have in the past brought such disappointment and failure in many instances. This is a work to which the physican should always give his earnest support, for there is no measure that will produce such good results in our study of psychiatry.

The reflex causes, such as eye strain, nasal irritations, throat troubles, phimosis, etc., have of late years received much more of the attention they demand than was formerly the case. The time for attention to these matters is usually during childhood or at least early in life, and while reflexes can hardly be called real causes of disease, they do assist, by constant irritation, in its development and hinder and sometimes totally defeat all efforts to cure; so they must be sought for and removed.

The examination of a patient suffering from mental disturbance should be made with the greatest care and thoroughness. The family history should be carefully inquired into, the life history of the patient and his business and past activities carefully noted. His present physical state, as well as his mental attitude toward himself, his friends and surroundings, his thoughts, his feelings, his likes and dislikes, his impulses and inclinations ascertained. These things are merely the symptoms that, to the intelligent doctor, point to the underlying form of mental disease. The physician must learn to differentiate, by means of the mental and physical symptoms, between the different forms of insanity before he can intelligently outline a proper method of care and treatment. He must be able to recognize the harmless, mild case as well as the dangerous case, to tell the curable from the incurable, lest he pronounce a case mild and harmless that is really unsafe, or call a curable case incurable, and so lose to the patient his opportunity for recovery. To be sure, many patients suffering from active forms of insanity must be kept under observation for weeks, or even months, before an intelligent opinion can be given as to the actual form of their alienation, but it is the only method giving promise of success in the treatment of such patients.

The patient suffering from melancholia is an instance of the need for care in recognizing the dangerous element of the disease. Every case of melancholia is a potential suicide, and while many of these patients never have the impulse strong enough to be in imminent danger from this source, the suicidal thought is always very close to the surface and rises into the field of activity if the case be long continued. The overwhelming majority of all cases of suicide are undoubtedly of persons suffering with melancholia, and in whom the very dangerous tendency has not been recognized at its true worth, or at least against which the protection was inadequate or even lacking entirely; and since melancholia is a curable form of insanity in most patients, it would seem well worth our while to always secure to the patient the proper safeguards from this danger.

The family physician is the first to be consulted in cases of insanity, and should be the first to recognize the mental alienation; but it is sadly true that he does not always give due weight to the symptoms of impending danger, and as a result the case goes along until it becomes

unmanageable by the family before calling for someone who can make a real diagnosis. This should not be so. A case of melancholia begins rather mildly, and the more promptly the patient is given the proper environment and treatment the quicker the recovery and the less danger of fatal accidents. A case of dementia precox develops slowly, and in its early recognition lies the only hope of benefit from treatment; such patients are usually kept in the home until they have become so unmanageable and so troublesome, and the disease has progressed so far, that there is little hope for mental improvement. Such cases should be put under proper care and treatment at the earliest possible moment, that the progress of the mental deterioration may be arrested before it has progressed so far as to disqualify for future usefulness.

Some of the patients suffering with paresis may be greatly benefited if the trouble is recognized and given proper treatment in its early stages, otherwise they are hopeless. Simple mania of an acute type is, to the uneducated laity, the typical form of insanity, and is by many physicians thought to be a most dangerous and hopeless condition; yet mania, under proper treatment, will give the highest percentage of recoveries of all forms of insanity.

The puerperal insanities must be recognized early, in most cases, if the patient is to have much chance for recovery; otherwise the rapidly debilitating process that takes place in the puerperal insanities will sometimes place the patient beyond the reach of treatment weeks.

It is important that the incurable as well as the dangerous case be recognized in the early stages. The incurable case, if placed under restraint and observation, becomes more manageable and the elements of danger are noted before they become great enough to be a serious menace to the family or to the patient himself. Too often the family and relatives seek to minimize the mental disturbance and the dangerous condition of the patient, and in so doing lay themselves open to the very serious menace of the acts resulting from an unbalanced and irresponsible mind.

The first question that will arise in such cases, to be answered by the family doctor, is, what can or what must be done with this person for his own safety and proper care and treatment, as well as for the safety of the family? This would be an easy question to answer if the danger were always in proportion to the activity of the mental disturbance, but it is not always so. Many cases of dangerous insanity are allowed to go at large, to engage in the ordinary affairs of life, and to mix unhindered among people who are sane; and many are the instances of useful citizens being assassinated by the victims of delusional ideas who, upon arrest and investigation, were shown to have been paranoids or persons suffering from delusional ideas of persecution and whose condition was known to family, friends, and, in most instances, to physicians, who

should have instituted means for their restraint. Such patients are suffering from an incurable form of mental alienation, and there is no good purpose served in their being allowed to run at large, and there is always the element of danger in such a course.

The patient suffering with paresis, having reached the state of development where the mental disturbance is acute, should always be placed under restraint in an institution. His prognosis is practically hopeless and his care and treatment increasingly difficult.

A patient suffering with any of the forms of dementia, particularly dementia precox, will probably need the restraint and control of an institution, at least until the activity of the symptoms subside and a more quiet state of mental defectiveness prevails.

Insanity is a progressive disorder, and although the patient passes slowly from one phase to another, yet this changing of impulses and inclinations is noticed with the gradual passing of time.

A case of chronic melancholia, with the suicidal idea dominant, should be placed under most watchful care until the phase of active suicidal thought has passed from the field of mental disturbance.

The patient suffering from active mania should be placed under restraint to protect him from foolish or actually dangerous acts and conduct; he must be nourished and a proper amount of rest secured, lest he become the victim of exhaustion and death ensue, not from the disease, but simply from the lack of care and nourishment.

So it will be seen that the family doctor should qualify himself to diagnose the different types of insanity and to be able to tell the possible prognosis in each case before presuming to outline care and treatment. Few cases of insanity can be successfully treated outside of an institution, but lack of means will often deter the family from sending an insane person to a private institution, and a false sense of shame and disgrace will make them hesitate to send him to the state hospital. Nevertheless the possibilities, probabilities and dangers of the case should be recognized by the doctor and fully explained to the family, not only for the protection of the family and the community but for the protection of the patient himself; then, if the family wish to assume the responsibility, they must do so with their eyes open.

SYMPTOMS, DIAGNOSIS AND TREATMENT OF ACUTE AND CHRONIC DRY OR PLASTIC PLEURISY.

N. A. Graves, M.D., Chicago, Ill.

This paper will include only the symptoms, diagnosis and treatment of dry or plastic pleurisy.

Pain is the most important symptom and should be studied in relation to, first, the kind; second, the location; third, the severity, and, fourth, the constancy. A sharp, catchy pain in the side of the chest is

characteristic of pleuritic pain, but there are many exceptions to this. Too much stress must not be laid upon this kind of pain.

Pain is a relative term. One patient suffers very severely from an injury which causes a second person little inconvenience; so in pleurisy one patient suffers intensely, and the other suffers little, though the disease is as severe in one as in the other.

Many patients have pleurisy develop unknown to them, and it is discovered only in the "dead house." A few stitchy pains in the side, a slight rise in temperature, a little cough, an ill feeling for a few days—these symptoms go unnoticed and the patient continues at his work, with the same process repeated occasionally, until in the course of time an examination reveals an extensive adhesive pleurisy. This is particularly true of apical pleurisy. The movement of the lung is slight compared with the basal lung, and an extensive pleural inflammation may occur without the patient's knowledge.

Pain may be severe and cause intense suffering. Of all the acute pleurisies, none cause more suffering than those involving the lower right side and diaphragm. In these cases the pain is frequently agonizing, and may be referred to the right abdomen o rthigh, to the stomach, to the shoulder and neck, corresponding to the distribution of the fourth cervical nerve, which has its center in the spinal cord at the same level as the phrenic. The pain is often somewhat superficial, and certain spots of tenderness can be elicited by pressure over the course of these nerves.

Inter-lobar pleurisies come on insidiously and are rerely painful unless the patient has a severe cough.

To recapitulate: The pain of a pleurisy may be so slight as to receive no notice from the patient, or so severe as to be unendurable. It may occur at the seat of the lesion, or be referred to other organs and simulate gallstones or appendicitis. It may be recurrent at intervals of days, or it may be practically continuous.

The second symptom in importance is fever. I am sure there is a slight rise in temperature in even the mildest cases, and if a temperature chart were kept this would be proven. However, with slight pain and ill-feeling no record of the patient's temperature is kept.

The temperature in most cases of pleurisy involving the diaphragm is high, rarely falling below 102 and often reaching 104. In the interlobar pleurisies of tuberculosis the temperature is that of the tuberculous patient, from 99 to 101.

The pulse rate corresponds closely to the temperature.

There is frequently a short, painful cough, while the breathing is restricted because of the pain. Associated with the above symptoms there is a general ill-feeling, perhaps headache, anorexia, the tongue is frequently coated, and the bowels often constipated.

The diagnosis can be correctly made by obtaining, first, a careful

history; second, by noting the symptoms, and, third, by making a complete and careful examination.

We should first inspect the patient. If he is standing, one notices that the affected side is favored, either by holding the hand upon the chest or by leaning toward the affected side, and the respirations are shallow. If the patient is in bed, he lies upon his back or on the affected side. If a long breath is taken it frequently causes pain, and in diaphragmatic pleurisy the patient usually begs for relief.

Palpation in acute cases is usually valueless; in chronic cases with much adhesion there is a marked increase in tactile fremitus. Each side should be tested separately and then a comparison made. Palpation in interlobar pleurisy of the diaphragm is usually negative.

Percussion in acute pleurisy is negative; in chronic pleuritic conditions, with a much thickened pleura, there is a certain amount of relative dullness. Here the two sides should be carefully compared, in order that we determine the extent of the pleural involvement.

Auscultation should be practiced over each side of the chest, first with ordinary breathing, and in obscure cases with deep breathing. Auscultate the patient's chest, both standing or sitting and lying down. One is usually able to hear the friction rub if careful auscultation be made. This may be an area no larger than the bell of the stethoscope, or it may include the entire side. It may be heard only on deep inspiration, and I have seen several cases in which the pleural friction rub could be heard while standing by the bedside of the patient. These are unusual cases, of course, but they occur.

The friction sound in diaphragmatic pleurisy is often heard with difficulty, but I have always been able to obtain it by repeated listenings over the lower right side.

The chest should be frequently examined, and we often find that twenty-four hours will make material changes in the friction sound as to locality and extent.

I wish again to emphasize the necessity for a careful examination of the chest, of the abdomen and of the entire body in each and every case of pleurisy, in order that errors in diagnosis may be reduced to a minimum, and to use all the methods at our disposal in order to differentiate pleurisy from such diseases as intercostal neuralgia, gall bladder diseases, appendicitis, or stomach ulcers, for it is not to be forgotten that more than one appendix has been removed because the patient suffered from pleurisy. The pain, the temperature, the right rectus rigidity, all simulate an acute appendicitis.

The treatment of acute or chronic dry pleurisy is essentially the same. The patient should be put to bed and kept there until all pain has entirely disappeared. No one realizes better than I that this is sometimes impossible, and I have many times had to put adhesive straps around the chest of a patient suffering from pleurisy and allow him to

go back to work, but such treatment is ill-advised and should never be carried out when the patient can be properly treated.

If the temperature be below 100, almost any diet can be given; if it be above 100, then liquids should be given; and if the temperature is high, the patient should be given only water until the temperature is reduced.

The bowels should be moved regularly by the use of salts and soda, or other cathartic, and the patient given water, plain or acidulated, in order to thoroughly flush the kidneys.

Externally, for the relief of pain, there are many measures which one may recommend. Personally, I have found the external use of dry cups, followed by either mustard or libradol, to be valuable.

In all cases a bandage should be placed around the chest, from the axilla to the hips, and pinned snugly. This protects the patient in breathing or coughing from great excursion of the pleura, and in that way relieves the pain. Heat is always indicated. The hot water bottle to the side always gives the patient greater or less relief. An electric pad is sometimes substituted for the hot water bottle, but it matters little what is used, so long as heat is kept to the side.

Internally, there is no single remedy which gives such prompt relief in acute pleurisy as does bryonia. The small dose is used, and this may be associated with some special sedative, either aconite or gelsemium. Frequently small doses of sodium salicylate, one grain to a dose, given at intervals of three to four hours, give the patient much relief. This is particularly true where there has been a previous throat infection and the patient has a tendency toward what we know as rheumatism.

In the more chronic forms iodine, given as calcium iodide, has served excellently, and of course attention must be given to the general condition of the patient. Iron, or the digestive tonics, should be given at times when they seem to be indicated.

It is to be remembered that pleurisy is practically always a secondary disease, and that it is associated with rheumatism, tuberculosis or other lung diseases most frequently; and, while pleurisy in itself demands treatment, one must be careful to determine the underlying cause and remove it wherever possible.

OPHTHALMIA NEONATORUM.

W. W. Tindall, M.D., Shelbyville, Ind.

This is a disease with which we are all familiar, the parents very much humiliated and the physician and nurse disgusted. Ordinarily by this term we mean an acute contagious conjunctivits due to the gonococcus of Neisser, and occurring in infants within a few days following birth.

Usually on the second or third day, sometimes as late as the seventh day, the infant shows a redness of the eyelids, with a muco-purulent discharge.

A slight redness of the conjunctivia is followed by a marked swellng of the lids, chemosis, and an abundant purulent discharge. Usually one eye is infected first, and if prompt treatment is instituted the process is much less severe in the second. The chief danger is to the cornea. There is great swelling of the retrotarsal fold and when the upper lid is inverted the fornix comes into view as a red, rough, suppurating mass resembling granulations.

The disease is due to inoculation by the gonococcus either while the child is passing through the natural passage or shortly thereafter, and infection is common in slow labors and in face presentations.

This is a serious dsease, but when recognized early and properly treated few cases end in loss of the eye. However, the cornea is quite often left with a small cloud.

The prognosis is favorable in the case if seen while the cornea is clear; but if not treated promptly and properly 80 per cent. of these cases will end in blindness owing to the sloughing of the cornea. Statistics prove that 8 per cent. of all blindness is due to this disease.

Prophylactic measures are of prime importance in the prevention and treatment of this serious disease. It is a good practice to have the mother use vaginal antiseptics before birth, and our first care after birth is in the washing.

The lids should be washed with perfectly clean water, no soap, particular care being exercised, and it is the duty of the physician to see that this is done correctly. After this we will drop into each eye a 25 per cent. solution of argyrol. This is usually sufficient and if done correctly and quickly after birth will very much lessen the severity and usually prevent the disease. Some recent authorities have advised the use of a 5 per cent. solution of spohol, also mercurochrome, 220. These I have never attempted to use.

If, however, after a few days the eyes become inflamed and the secretions hot and scalding or thick and creamy, lids very much swollen and closed, we should institute a systematic treatment.

I advise the frequent use of a lotion of boracic acid, saturated solution, each eye being washed separately, being very careful not to infect the well eye. The nurse should place the solution convenient and use absorbent cotton. Never dip the infected cotton back into the solution. This should be repeated every three hours. Every six hours instill into the eye two drops of a 20 to 25 per cent. solution of argyrol. This treatment should be kept up religiously for days or until you are sure the infection has all been removed.

In cases of great severity, in addition to the antiseptic washes cold compresses should be applied both day and night during the acute stage and when the secretions become thick the lids should be inverted and penciled with a 2 per cent. solution of silver nitrate until the conjunctival membrane whitens, then neutralize with a solution of salt and water. This should be repeated each day, always by the physician. If the cornea becomes affected the caustic treatment should be continued, and with the appearance of ulcer-

ation atropine or eserine should be used, according to the location of the ulcer.

Many are the complications. Perforation of the cornea, staphyloma and resulting cataract in severe cases, which must be taken care of as they appear.

Every means should be used to improve and to keep up the recuperative powers of the child. Usually aconite and gelsemium can be used to advantage. Calcium sulphide is often indicated.

The indicated remedy will often assist wonderfully in curing the loathsome disease. At the best it is a long, tedious and anxious treatment, lasting from four to six weeks. However, modern medicine has so taught us that by the employment of cleanliness and care we can avoid or minimize the danger of infection and thus assist in the betterment of mankind.

Treatment of Pernicious Anemia.

Leon K. Baldauf (Charlotte Medical Journal, December, 1919) keeps the patient in bed until the temperature is normal. The reasons for his being put to bed are: (1) Because of his weakness; (2) because of the temperature; (3) in order to prevent acidosis. The patient is put on strict carbohydrate diet. Fats are at all times prohibited. Chlorides in food are excluded even though there is an absence of free hydrochloric acid in the stomach, and hydrochloric acid is frequently prescribed. A dram of bicarbonate of soda is given twice daily to counteract the acidosis; calcium carbonate is given in fifteen-grain doses four times daily; arsenic in the form of Fowler's solution, five minims three times daily, sodium cacodylate intravenously every day, at first one and a half-grain ampoules being given; later, three, seven and ten-grain ampoules; iron in the form of Blaud's mass, three to five grains three times daily.—Medical Council.

Calabar Bean for Impotency.

Dr. John King recommended calabar bean when from masturbation there was impotency, imperfect erections or premature emissions. He claimed that it was a restorative tonic to the nervous system, acting also as an antispasmodic in tetanus, chorea and epilepsy. Other noted authorities gave it for exophthalmic goiter. Another writer used it in five-drop doses in cerebro-spinal meningitis and claimed satisfactory results.—Ellingwood.

A person can live weeks without food, days without water, but only a few minutes without air, says the United States Public Health Service. Persons who pay but little attention to the purity of the air they breathe are not careful as to drinking water and food. Become a fresh air crank. Raise the office windows.—The Medical Summary.

The National Eclectic Medical Association QUARTERLY

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SUBSCRIPTION PRICE : : : $1.25 PER ANNUM

All communications, books for review, exchanges and contributions for publication should be sent to the Editor, at Forest, Hardin County, Ohio; change of address or advertisements, to 630 West Sixth Street, Cincinnati, Ohio.

Vol. XII. DECEMBER, 1920. No. 2.

A CORRECTION.—On page 411 of the September QUARTERLY Dr. McDonald is credited with having advised 10 grains of morphine. It should have been 10 grains apomorphine. We are glad to correct this error.—ED.

NATIONAL PROPAGANDA.

The importance of and necessity for wide propaganda is not appreciated to the extent that it might be unless one is confronted with the problems to be worked out in any organization work. The Propaganda Committee of the National Eclectic Medical Association has a large task before it, and in order to accomplish results must have the loyal and earnest support of every member of the National and every alumnus of an Eclectic medical college. Many of us are too apt to feel that as we are getting along well we will always succeed without any more effort than the ordinary on our part. We seldom take into consideration that at our backs and pushing us along, upholding aud supporting us, is an organization that has as a most important factor a Propaganda Committee. This committee needs not alone your financial support—a kind of support absolutely necessary—but it needs your moral and co-operative help. It needs you as missionaries to spread the good of Eclecticism, to help popularize the teachings of your school, to enlighten the people as to the true status of the kindly system of medication it advocates, and to see that justice is done toward Eclecticism wherever her intesests are in question.

Your help in every way is asked. Post yourselves upon Eclectic medical history, upon Eclectic medical philosophy, upon the doctrines of specific diagnosis and specific medication, and, above all, present a truthful account of the good the school has done and is doing. These you can

show your people, your colleagues of all schools—using care not to be biased by prejudices, to make exaggerated claims, or to abuse any other system of practice. The latter has been too common a practice, born chiefly of retaliation for similar injury by doctors of opposite faith. In some localities it still persists. Abuse is one of the good methods of advertising your adversary. Much of the good done Eclecticism came through such abuse. A far better way is that of the Golden Rule—"Do unto others as you would that they would do unto you."

With careful regard for facts, for the truth, and with loyalty and purpose, you can do much to strengthen, foster and spread the good work of the Eclectic school. No Eclectic need blush to speak of his school, for her work has brought her commendation and recognition even in the ranks of her rivals. To those who have not done so, let us urge that you join the National this year; and as there is now no obstacle let delinquents come back into the work; and let all in every way assist the Propaganda Committee in the good work it already has done and has now under way.

H. W. FELTER.

NATIONAL SECTION OFFICERS.

We are glad to announce a strong line of section chairman for the coming meeting of the National. Believing that a few good and strong sections are preferable to a number with consequent weakening, we have divided the work in five sections, with chairmen, to wit: Surgery, Dr. O. C. Welbourn, Los Angeles, California; Medicine, Dr. W. S. Glenn, State College, Pennsylvania; Materia Medica and Therapeutics, Dr. Frank S. Crowell, Lawrence, Michigan; Obstetrics, Dr. Maurice E. Welker, Cincinnati, Ohio; Specialties, Dr. Theodore D. Adlerman, Brooklyn, New York. Secretaries will be appointed for each section.

These men need no introduction. But let us remind you that two are ex-Presidents of the National and veterans who have never been found wanting, either in attendance or service—Drs. Glenn and Adlerman; Dr. Welbourn has won recognition for Eclectic methods in surgery on the Pacific Coast; Drs. Crowell and Welker are among the younger men who have achieved results and position in their respective fields—the one in general practice, the other in obstetrics, and both have been an honor and credit to Eclecticism. May we ask of the members solicited by these men for papers that you *answer promptly* and *invariably affirmatively*. For this we thank you in the name of the National and of Eclecticism.

H. W. FELTER.

IMPORTANT TO STATE OFFICERS AND LAPSING MEMBERS.

This office has so much unnecessary work due to the indifference of State officers I deem it of importance to call special attention to ways in which neglect produces this state of affairs.

In sending in dues you should designate who are new members, which ones are reinstated, and be sure to include their addresses. I have in some instances, where new members' names have been sent in with addresses, worked on the case for six months before I could get the proper addresses.

In a few States there is a discrepancy between the State records and the National records. This has been due largely to change of officers and inability to ascertain whether dues were sent to the National for certain members at certain times. I am making a record of all discrepancies and will bring the matter to the attention of the Finance Committee at our next meeting and try and have the matter adjusted. I do not believe the National should be required to credit members for dues they have not received just because the State records show they are paid up in the State, for in practically all instances of failure to send dues to the National, or rather failure to find credits on the records for dues supposed to have been paid, it is found no dues were sent to the National, the matter having been overworked. The National can not afford to give one year's credit when it often means sending the Quarterly two years at a cost of over $2.00 to the Association. The actual cost to us for publishing the Quarterly is about $1.10 per copy per year, so it is incumbent upon us to husband our resources in order to keep our treasury in a healthy condition. It seems to me that if a State officer fails to send in the dues he has collected for the National the State society should be held accountable for the amount, so that if members have receipts for National dues paid to State officers and said officers have canceled check or receipt for dues sent to National the State society should make good the discrepancy.

I would suggest that State societies be very careful in the selection of their State secretary, and see to it that he is one who will take his office seriously and attend to State association matters with care and energy and when such a one is found keep him in office indefinitely.

In regard to the importance of members remaining loyal to their State and National Eclectic organizations, I wish to say that it is necessary if one wishes reciprocity, that he must be a member of a National and State society. I know an Eclectic who last year wanted to move to another State and who was and had been indifferent to the organization in his State for years, when he applied for membership in his State the society turned him down. He happened to have a shady reputation in this case, which prompted the organization to take such action. But it behooves you to keep in good standing with your medical societies, for you never know when you might need their influence.

Another reason why you should lend your influence and support to the State and National is because we are trying to do our part to protect the profession. Fifty thousand dollars was raised at Atlanta for propaganda purposes. Part of this is to be used in legislation, and if you learn of any bills introduced in your State legislature that will militate against Eclectics or the profession generally, the National will help fight

such bill or bills. So, for your own welfare you cannot afford to let your membership lapse in our society.

Those owing dues from 1919 will receive cards apprising them of that fact. This is the last copy of the Quarterly they will receive unless they pay up their dues. We hope you will see the necessity of staying with us. Many say, "Well, I don't receive any benefit from belonging." Well, if you are in this world to merely look for benefits received only and not endeavor to give something for others, your life will not be complete. For perpetuating our school, so that future generations may receive the treatment that only our system can supply, is a purpose worthy of our best endeavors, and to do this for the small sum of four dollars per year each is so nominal that we should not hesitate, though we can not see any tangible benefit that might come directly to us. I hope you will not only keep up your membership, but will attend meetings and take a more active interest in organization work. HELBING.

DO NOT BE CAUGHT NAPPING.

Within a few days, and possibly some now, the legislatures of the several States will meet in annual session and the usual grist of medical bills will be introduced. All manner of bills to better the physical, moral and mental condition of mankind, but none to relieve the burden on the tax-payer or to introduce modern and economic business methods in conducting our democratic form of government.

Our pseudo-philanthropists, welfare-workers and parlor socialists will again attempt the passage of compulsory health insurance laws. There is only one way to combat these efforts, and that is by organization.

The time is here when physicians must awake to the fact that organized efforts are being continually made to curtail his prerogatives and freedom of action. It is economically wrong and a moral injustice for the State to compel a man to fullfil all its legal demands or requirements and then deliberately curtail his income. We are aware that our social welfare-workers will say that we are looking at this matter from a selfish view-point. Possibly this is true, but the entire project is based upon a premise, economically and socially wrong. It aims to place men upon a semi-charitable or indigent level. It pauperizes humanity and smacks largely of paternalism and has a socialistic tendency. This is a type of legislation that has been too much in evidence of late years.

It certainly behooves all physicians to unite their forces and energies to combat this type of legislation. It evidences bad taste to find fault with our associations for permitting inimical legislation when one has given neither their moral nor financial support to the society. The time is now here that every physician should identify himself with the State and National organization, if for no other purpose than to simply give

his material and moral assistance to the societies, that they may be truly representative of the profession.

Wake up, doctor! When these laws are enacted you will feel their weight equally with the other fellow. Do you full duty and do it now.

LEGISLATION.

The question has frequently occurred, how much of the present paternalistic legislation has been enacted from a purely unselfish or philanthropic motive and how much from a selfish standpoint, to give to some broken-down or discredited politician a soft job? Our political system has become so complex and so filled with salaried boards, commissions, etc., that their duties overlap, and the burden has become irksome; the people are crying aloud for relief without any in sight. There is certainly need for the State and national to carry into the governmental business the same business methods that large corporations carry into theirs. If business, big or little, would pursue the methods employed by our State and National Governments, bankruptcy would inevitably result. Our authorities seem helpless to pursue economic methods. We feel that no one is more to blame than the electorate. They do not reason for themselves, but swallow—hook, bait and sinker—whatever the politician advances.

Recently a friend and myself were discussing city and county expenses and the incident tax rate. The result arrived at was that with the national income tax, State income tax and personal tax we had a total of about 9 per cent. Special assessments and inheritance tax was not considered. He made the assertion that the tax on his home was about $350.00 per year. It at times would seem that it were best to own nothing.

It is no wonder that our tax rate is high, when we think of the pensions for U. S. civil employees; pentions for veterans and the widows; pensions for service men, blind pensions, pensions for teachers, mothers' pensions, industrial health insurance, etc., etc. There seems to be no end to the demand.

There is no reason why civil employees of the government should be pensioned. These men usually receive a salary commensurate with their work and ability. They are not troubled with the vicissitudes of trade and commerce, neither are they working for a soulless corporation. Their position is usually permanent, and they have abundant opportunity to provide for old age. Why then should they be pensioned?

We must confess that this never-ceasing type of legislation does not impress us. It is the entering wedge of socialism and is only accomplished by strong organization and the use of a propaganda not always commendable, a real type of paternalism. Whilst this form of legislation is becoming common, the physician is being harassed and hampered in his work. His time for preparation is lengthened, his source of income

is invaded by free dispensaries, etc., etc. The workmen's compensation laws fixes not a minimum fee, but a maximum one, whilst the teacher's fixes a minimum one. In the proposed compulsory health insurance, again, we have fixed a mixiumum fee. Again, we have to pay a license to administer narcotics and in some States they are even taxed for the privilege of practicing a profession which the State has regulated and even passes upon the qualifications and ability of the individual to measure up to these regulations. Why are not other professions regulated to the same extent? Surely, it is time for the medical profession to lose some of its altruism.

OUR NEXT MEETING AT COLORADO SPRINGS.

We have arranged with the Antlers Hotel to entertain our members next year. This hotel is best fitted to do this, and we are sure the guests will be pleased with the care they will receive.

We hope all our members appreciate what is in store for them next year and will prepare to not only stay during the convention, but will plan to spend two or three weeks at this famous resort.

There has recently been completed a magnificent bath house at Manitou which rivals any that exists at Hot Springs, so that as a health resort Colorado Springs is unexcelled. The Pike's Peak region has a greater variety of wonderful scenery, more easily accessible, than in any equal area on the American Continent. So if you plan to tour to Colorado Springs in your auto you will enjoy your stay there much more, and can more readily visit the various places of interest in the Pike's Peak region. There are auto camps there which cost 25 cents to 50 cents per day, with running water, electric lights and all conveniences of this kind. These camp grounds afford you the privilege of erecting your tent or shelter that you carry with you on your tour.

As we will be there just before the tourist season begins, the hotel rates will be more reasonable than they would be later. If a lesser rate is desired there are numerous private boarding and rooming houses at which one may stop for a nominal sum per day.

Now, doctor, if you have not had a vacation for a long while do not fail to prepare for one next summer for the climate of Colorado and the scenery and surroundings will be such that you will not fail to be benefited physically by your trip and we are going to prepare a program that we are sure will benefit you mentally and you will return home with more pep than you have had for years.

The railroad rates, judging from last year, will be about one and one-third the usual rate for the round trip. In our next issue we will endeavor to publish the rates and give you an idea of what the trip will cost you so that you can begin to prepare for it.

HELBING.

REMEDIES FOR THE FEMALE.

There are a few remedies which we esteem very highly in diseases of the genito-urinary organs of the female and which we employ with a certain amount of assurance of obtaining satisfactory results. Briefly we will mention them, with their uses:

1. *Black Haw.* This remedy is prescribed with a feeling of assurance when indicated akin to that experienced when prescribing morphine to relieve pain. It is used in uterine hemorrhage. It will relieve even though the hemorrhage may be due to a uterine fibroid, though we do not claim it cures or removes the fibroid. It relieves or lessens the hemorrhage. In the hemorrhage of abortion or threatened abortion we prescribe it with a sense of security not often experienced in prescribing drugs. We have treated many cases of abortion with codeine and black haw and the patient experienced practically no pain.

The indications are: Pain of a bearing down character; threatened abortion with cramp-like pains. As we said before, this remedy, with an occasional dose of codeine to relieve pain, has tided me over many a case, and, we have felt, rendered unnecessary the use of the curette.

2. *Caulophyllum* we have not used to any great extent. It has, however, a physiologic action upon the uterine muscles, experimentally causing contractions. It is used in many of the same conditions as is black haw and macrotys. As it is said to have responded actively to laboratory tests, it should be used more extensively.

3. *Ergot,* though formerly considered indispensable, is not used so extensively, possibly on account of its scarcity and high price. It was used for uterine hemorrhage; to excite pains in labor when they were feeble or absent; to prevent postpartum hemorrhage, and to insure involution. Pituitrin has superseded it to a great extent. I consider it of great value in pulmonary congestion, or, probably more correctly speaking, edema. It is also used in dilatation of the heart accompanied by edema, for its action upon the muscular fibers.

4. *Macrotys* is an old remedy. It is used not only in the diseases of females but in rheumatic conditions in both sexes. It is indicated by aching and soreness in the muscles, myalgic conditions. It is also used in atonic conditions of the uterus and in pregnancy, to give tone to the muscles and as a preparatory remedy. We use it in any condition when the patient complains of an aching and soreness of the muscles, saying they feel as though they were pounded. A combination used with unfailing success in lumbago is hydrangea, macrotys and potassium acetate.

5. *Mitchella* is a remedy with which we have had but a limited experience. It is used, however, by many of our colleagues and, they claim with success. Its principal use, so far as we know, is as a partus preparator.

6. *Pulsatilla* is one of the agents said to have a positive action by the laboratory worker. It has a wide range of action. It is claimed to have a distinct and contractile action on the uterine muscles, hence its use in female

diseases. We have used it in many nervous conditions with or without involvement of the female generative organs. Its specific indications are: gloomy forebodings and dread, fear of impending danger, excitability, restlessness and irritability. We use it in trachycardia when this condition is accompanied with fear and undue anxiety.

It has been found of value in exophthalmic goiter to allay the nervous erethism and slow the heart action. In suppression of the menses, when caused by exposure or a chilling, combined with gelsemium, it is a specific.

In some headaches and coughs occurring during pregnancy, when essentially of a nervous or reflex origin, we have used it with success. The remedy has a wide field of usefulness.

7. *Viburnum opulus* or *cramp bark* is the remedy for dysmenorrhea. It has been largely substituted for black haw, and the two remedies have been used indifferently. Our own experience teaches us that there is a difference in their action, however.

There are other agents frequently used, but with which we have had but little personal experience. For instance, jamaica dogwood, valerian and cypripedium. These are said to have a positive action when used experimentally. They should be studied more earnestly clinically.

Those possessing a weak action are: dioscorea, senecio and scutellaria. The former we have never used in female diseases, and scutellaria only to a limited extent, and then when he have nervous phenomena. All our older men will recall Prof. Locke's prescription of macrotys and scutellaria in chorea. In fact, the former remedy has been used in chorea for nearly or quite a century.

M.

NEWS AND NOTES.

Arkansas.

Dr. G. M. Beckham has removed from Arkadelphia to Cabot.

California.

Dr. O. K. Allen has changed his address from Franklin Hospital to 1501 Leavenworth Street, San Francisco.

Dr. D. A. Stevens has removed from Haltville to Los Angeles, and will occupy the office of Dr. H. T. Cox.

Dr. H. T. Cox has changed his address from Los Angeles to 425 East Third Street, Long Beach.

Dr. R. O. Hoffman is now located at 710 First National Bank Building, San Diego.

Dr. Alex P. Baird has removed from Los Angeles to Laguna Beach.

Dr. W. I. Kingsley has removed from San Diego to Bowdle, South Dakota.

Through an initiative measure submitted to the people in November, the Chiropractors of California are seeking to secure a separate board of registration. Their registration is already provided for under the medi-

cal practice law which limits their practice to the use of Chiropractic methods.

It is reported that because of trickery and deception alleged to have been practiced by certain foreign applicants for medical certificates, the State Board of Medical Examiners has decided to discontinue all foreign language examinations.

Florida.

The Board of Eclectic Medical Examiners of the State of Florida has again been reorganized. Dr. McDonald, of Century, and Dr. Dickerson composing the new members, Dickerson being appointed in the place of Dr. Aurin.

Idaho.

Dr. J. J. Herrington has removed from Moscow to Waverly.

Illinois.

Dr. A. W. Lindberg has removed from Hillsboro to 1575 West Monroe Street, Chicago.

Dr. W. H. Smith has removed from Buckner to 219 First National Bank Building, Benton, Mich .

Indiana.

Dr. S. O. Barwick, of Elkhart, took post-graduate work in Chicago in April and in Western Reserve, Cleveland, in June and July. He reports himself as being well pleased with the latter course.

Dr. Paul R. Tindall, of Greensburg, has been appointed a member of the Indiana State Medical Board, succeeding Dr. Moses S. Canfield, of Frankfort.

Dr. R. R. Remak is located at Route 4, Brookville.

Iowa.

Dr. W. H. Y. Gibson has removed from 1110 Fleming Building, to 323 Flynn Building, Des Moines.

Dr. W. V. Daniels has removed from Dunscombe to St. Petersburg, Florida.

Massachusetts.

Dr. A. S. Von Sonneberg has removed from 36 Boyleston Street to 98 Huntington Avenue, Boston.

Michigan.

Dr. J. E. G. Waddington, of Detroit, is making an extended tour of Europe. We have heard from him in Ireland, Scotland, England and on the Continent.

Dr. W. B. Hinsdale, of An nArbor, for a quarter of a century dean of the Homeopathic School of the University of Michigan, has resigned.

Nebraska.

Dr. W. J. Adamson has moved from Lincoln to Gilead.

Dr. John H. Adair has removed from Chardron to Rapid City, South Dakota.

New Jersey.

Dr. Sophia Livinson-Halpern has moved her office from 346 Brown Street to 271 Palisade Avenue, West Hoboken.

New York.

Drs. J. A. Flora and Bert M. Warne are serving interneships at the Cumberland Street Hospital, Brooklyn, removing from Grant Hospital, Columbus, Ohio.

Dr. John A. Mangieri has located at 8221 Nineteenth Avenue, Brooklyn.

Dr. J. S. Brown, E. M. C. 1920, is serving as interne at the Cumberland Street Hospital, Brooklyn.

Escole Fiole is serving an interneship at the Italian Hospital in New York City.

Dr. Morris J. Berezein has located at 1482 Broadway, New York City.

Dr. J. A. Squillace is physician to the penitentiary on Blackwell's Island, New York City.

Dr. W. S. Dart has removed from Hobart to Oneonta.

Dr. J. T. Devoe has removed from Bliss to Machias.

On October 19 clinics were held at the Cumberland Street Hospital, Brooklyn. The surgical clinic was conducted by Dr. W. L. Heeve, who presented some very interesting cases in brain surgery. The neurological clinic was conducted by Dr. T. D. Adlerman, who presented some types of mental defects who, according to Dr. Adlerman, were as yet not classified, belonging to a new distinct group, which was named by him as "Biologic Protoplasmic Mental Deficients." An able demonstration was given by Dr. E. F. Elliott in Roentgenology. Charities Commissioner B. Coler announced that the new Cumberland Hospital Building will be ready for occupancy in about six months, with a capacity of seven hundred beds.

Ohio.

Dr. C. J. Miller has removed from Bowerstown to 414-418 Metropolitan Building, Akron, occupying the offices of the late Dr. H. D. Todd.

Dr. E. P. Zeumer is located at 1935 Dana Avenue, Cincinnati.

Dr. Carlisle H. Snell is located at West Farmington.

Dr. F. V. Cress has removed from Toledo to 1629 Sycamore Street, Cincinnati.

Dr. J. A. Schirack has removed from St. Henry to Canton.

Dr. Melville F. Walker has located at 3516 Liston Avenue, Riverside, Cincinnati.

Dr. Chas. A. Palmer is located at 862 Mt. Vernon Avenue, Columbus.

Dr. Chas. Bayless has received his discharge from the army and has resumed his practice at 825 North Main Street, Dayton.

Drs. V. R. and O. K. Kitsmiller have returned to Ohio and located at 530 West Ninth Street, Cincinnati.

Dr. Otto Hattendorff is located at Coldwater.

Dr. L. W. K. Tracy has removed from Cincinnati to 312 Leary Building, Seattle, Washington.

Dr. Arnold W. Ganzel has located at 4006 Hamilton Avenue, Northside, Cincinnati.

Dr. Edgar A. Iliff has removed from Lebanon to Burr Oak, Kansas.

Ohio State Medical Board.—The regular quarterly meeting of the Board was held in Columbus, October 4 and 5. Questions were submitted for the next semi-annual examination to be held in Columbus, December 1, 2, and 3. The following reciprocity certificates on the basis of previous State Board examination were:

L. L. Bottsford, Univ. Mich. '14, Mich. '14, locating in Akron.
G. B. Brown, Bellevue Hosp. M. C. '97, N. Y. '97, to Portsmouth.
C. P. Burke, Jefferson '10, W. Va. '11, to Martins Ferry.
E. A. Callaway, Howard Univ. '16, Texas '16, to Akron.
E. W. Campbell, Western Univ. of Pa. '07, to Toledo.
G. W. Chappell, Howard Univ. '11, W. Va. '12, to Toledo.
C. B. Farr, Univ. Pa. '98, N. J. '98, to Akron.
H. A. Halsey, Rush '07, Ills. '07, to Wyoming.
J. L. M. Halstead, Ky. School of Med. '98, Pa. '98, to Chillicothe.
D. E. Hawthorne, Ind. Univ .'19, Ind. '19, to Akron.
J. Kreiselman, Geo. Wash. Univ. '19, D. C. '19, to Akron.
M. J. Larkin, St. Louis Univ. '19, Mo. '19, to Toledo.
M. C. Loree, Univ. Mich. '17, Mich. '17, to Akron.
F. X. McGovern, Fordham Univ. '16, N. Y. '17, to Akron.
J. L. Martin, Leonard M. C. '06, Va. '06.
C. K. Maytum, Univ. Iowa '19, Iowa '19, to Cincinnati.
H. J. Meister, Cornell '16, N. Y. '16, to Warren.
S. Miller, Baltimore M. C. '12, Md. '12, to Cleveland.
E. C. Mohr, Univ. Mich. '16, Mich. '16, to Toledo.
Cecilia K. Morris, Woman's M. C. '12, Iowa '12, to Akron.
N. C. Ochsenshirt, Univ. Pittsburgh '17, Pa. '18, to East Palestine.
A. J. O'Connor, Columbia Univ. '16, N. Y. '17, to Akron.
B. Olch, Harvard '19, N. Y. '19, to Cincinnati.
J. A. Owen, Meharry M. C. '16, Mo. '17, to Cleveland.
H. T. Schlagel, Chi. Col. of M. & S. '09, to Akron.
H. M. Strachan, Univ. Louisville '11, Ky. '11, to Cleveland.
J. J. Wells, Cornell '18, N. Y. '18, to Akron.
F. T. Williams, Johns Hopkins '12, Md. '12, to Dayton.
A. W. Tobias, Hos. M. C., Louisville, '92, Ind. '11, to Marietta.
W. A. McIntosh, Johns Hopkins '19, Md. '20, to Oberlin.
L. E. Payne, Jr., Johns Hopkins '17, Md. '17, to Toledo.
H. J. Giles, Univ. Pittsburgh '12, Pa. '12, to Massillon.

Licensed on basis of previous diploma registration: W. C. Williams, Beaumont H. M. C. '97, Ills. '97; W. L. Harris, Cincinnati Chiropody, on waiver.

Oklahoma.

Dr. E. P. Sawyer has returned to his home at Durant, after spending some time in Chicago taking some post-graduate work.

Dr. W. T. Ray has been elected Vice-President of the Oklahoma State Medical Examining Board.

Dr. R. A. Williams has changed his address from Fairland to 128½ West Second Street, Oklahoma City.

At the annual meeting of the Oklahoma State Medical Examining Board held in Oklahoma City, July 14, Dr. Louis E. Emanuel, Chickasha, was elected President; Dr. Wm. T. Ray, Gould, Vice-President; Dr. Jas. M. Byrum, Shawnee, Secretary (re-elected).

The Oklahoma State Medical Examining Board, on July 14, is said to have revoked the license of Dr. John M. Lee, Oklahoma City, on account of claims of the Electro-Medical Doctors Institute, Tulsa, to cure gall-stones and kidney disease by an electrical process, with which institute Dr. Lee was connected.

Under the rules which became effective July 1, and which have been promulgated by the State Health Commissioner, physicians of the State are required to report to the State Health Officer every case of veneral disease or kindred affections. Persons found infected will be detained and subjected to treatment, and penalties are provided for violation of these rules.

Pennsylvania.

Dr. L. E. Daughterty has removed from Davis, W. Va., to Merion Station, Montgomery County.

Dr. John T. Lafferty has removed from McKees Rock to Oil City, and is working exclusively for the Pennsylvania Railroad.

Texas.

Dr. A. B. Couch has removed from Perry to Marlin.

Dr. V. E. Duran has removed from Cabot, Ark., to Utopia.

The thirty-seventh annual convention of the Texas Eclectic Medical Association was held at Dallas, October 13 and 14, during the Texas State Fair, and was a pronounced success in every way. The 1921 meeting will be held at Houston, October 26 and 27. The new officers are: Geo. A. Taylor, of Bettie, President; H. H. Hudson, McGregor, First Vice-President; G. H. Stagner, Waco, Second Vice-President; H. H. Blankmeyer, Aransas Pass, Secretary-Treasurer for the fourteenth time. The latter has already started the ball rolling for the 1921 meeting.

Utah.

Dr. Chas. Olsen, of Salt Lake City, has been appointed Secretary of the Utah Board of Medical Examiners. He has been a member of the board since March, 1905.

Wisconsin.

Dr. E. J. Farnum has removed from Barabou to Fort Myers, Florida.

Dr. Chas. E. Cole has removed from Superior to Prairie-du-Chien.

OBITUARIES.

Crandall, John M., license, Eclectic State Medical Board of Arkansas, 1903, at Charleston, Ark., aged sixty-seven.

Gowin, Orman G., Eclectic Medical Institute, Cincinnati, 1862. Died at McCune, Kansas, September 2, aged sixty.

Hahn, Albert J., of Pattenburg, N. J., Eclectic Medical College of the City of New York, 1880. Died at his home in Sharon ,Vt., August 1, aged sixty-seven.

Hall, Thomas D., California Eclectic Medical College, 1886. Died at Oakland, Calif., May 30, aged seventy-one.

Huntsinger, Abraham, Bennett College of Eclectic Medicine and Surgery, Chicago, 1888. Died at Mishawaka, Ind., June 30, aged eighty-one.

Hutchinson, Orville G., Eclectic Medical College, Cincinnati, 1891. Died at Rochester, N. Y., July 9.

Klyne, Carey M., Eclectic Medical College, Cincinnati, 1894. Died at Youngstown, Ohio, aged forty-eight.

Jacobs, William, St. Louis College, 1876. Died at Washington, Kansas, July 16, aged seventy-five.

Landes, B. F., Eclectic Medical College, Cincinnati, 1879. Died at Burlington, Ind., July 22, aged sixty-seven.

McLaughlin, Thaddeus, Eclectic Medical College, Cincinnati, 1904. Died at Springfield, Ohio, July 24, aged forty-two.

McLean, C. A., Eclectic Medical College, Cincinnati, 1871. Died a Decatur, Ill., September 17, aged eighty-eight.

Peterman, Julius H., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1894. Died at Ardmore, Okla., May 31, aged eighty.

Piat, Felicie Petit. Died at Kansas City, Mo.

Schmeidel, Rudolph Joseph, California Eclectic Medical College, 1899. Died at his home in San Francisco, July 6, aged sixty-two.

Sutton, Robert H., Eclectic Medical Institute, Cincinnati, 1863, formerly of Shenandoah, Iowa. Died at Pasadena, Calif., September 17, aged seventy-eight.

Tonks, J. T., member of National and State societies. Died at Westbrook, Conn., July 22, aged sixty-seven.

Tracy, John M., Eclectic Medical Institute, Cincinnati, 1873. Died at Mound City, Mo., September 12, aged eighty-two.

Wehr, S. F., Eclectic Medical College of Philadelphia, 1862. Died at Staunton, Ill., September 1, aged eighty-six.

Wright, Clarence H., Eclectic Medical Institute, Cincinnati, 1876. Died at Christianburg, Ohio, September 24, aged seventy-one.

ECLECTIC STATE SOCIETIES.

Arkansas—President, Geo. F. Jackson, M.D., Little Rock; Secretary, Samuel G. Boyce, M.D., Little Rock. Next meeting at Little Rock, May 11-12, 1921. Fee, $3.00.

California—President, D. A. Stevens, M.D., Los Angeles; Secretary, W. E. Daniels, M.D., Long Beach. Next meeting May, 1921. Fee, $4.00.

Connecticut—Secretary, J. F. Keegan, M.D., 1400 Stratford Avenue. Bridgeport. Fee, $5.00.

Florida—President, S. S. Sisson, M.D., Jacksonville; Secretary, B. A. Chapman, M.D., Professional Building, Jacksonville. Fee, $5.00.

Georgia—President—John Powell, M.D., Atlanta; Secretary, Dan Griffith, M. D. 816 Grant Building, Atlanta. Fee $4.00.

Illinois—President—Chas. Woodward, M.D., 2029 Bissell Street, Chicago; Secretary, E. G. Trowbridge, M.D., 29 E. Madison Street, Chicago. Fee, $4.00.

Indiana—President, J. H. Ashabranner, M.D., New Albany; Secretary, J. E. Holman, M.D., 3315 E. Tenth Street, Indianapolis. Next meeting at Indianapolis, May 10-11, 1921. Fee, $4.00.

Iowa—President, M. B. Stine, M.D., 1115 Fleming Building, Des Moines; Secretary, E. E. Gadd, M.D., 915 Fleming Building, Des Moines. Next meeting at Des Moines, May 1921. Fee, $4.00.

Kansas—President Homer Michener, M.D., Wichita; Secretary, Geo. H. Shirley, M.D., 137 N. Main Street, Wichita. Next meeting June, 1921, at Wichita. Fee, $4.00.

Kentucky—President, M. J. Sauter, M.D., Newport; Secretary, J. C. Mitchell, M.D., 904 Fifth Street, Louisville. Fees, new, $4.00; reinstatement, $3.00.

Massachusetts—President, R. W. Powers, M.D., Boston; Secretary, Harold W. McKinney, M.D., 79 Warren St., Boston. Next meeting Jan. 5, 6, 7, 1921, at Boston. Fee, $5.00.

Michigan—President, E. E. Brunson, M.D., Ganges; Secretary, C. S. Sackett, M.D., Charlotte. Fee, $5.00.

Missouri—President, J. F. Wagner, M.D., Greenville; Secretary, B. J. Wiesner, M.D., 2116 Russell Avenue, St. Louis. Next meeting at St. Louis, May 10, 1921. Fee, $4.00.

Nebraska—President, L. C. Bowman, M.D., Loup City; Secretary, H. B. Metheny, M.D., Pleasant Dale. Meets May, 1921, at Lincoln. Fee $5.00.

New Jersey—President, Geo. E. Potter, M.D., Newark; Secretary, A. Liva, M.D., Lyndhurst. Next meeting, November 2, 1920. Fee, $4.00.

New York—President, L. B. Dawley, M.D., Westtown; Secretary, T. D. Adlerman, M.D., 696 St. Marks Avenue, Brooklyn. Next meeting at Albany, March, 1921. Fee, $5.00.

Ohio—President, W. F. Lehr, M.D., Arlington; Secretary, J. F. Wuist, M.D., Fifth and Garfield, Dayton. Next meeting, Columbus, May 17, 18 and 19, 1921. Fee, $5.00.

Oklahoma—President, I. A. Lee, M.D., Erick; Secretary, T. L. Sharp, M.D., Orlando. Meets at Oklahoma City, May, 1921. Fee, $4.00.

Pennsylvania—President, H. H. Miller, M.D., Johnstown; Secretary, M. V. Hazen, M.D., 211 Locust Street, Harrisburg. Next meeting at Harrisburg, last week of May, 1921. Fee, $4.00.

South Dakota—President, H. E. Kellogg, M.D., Madison; Secretary, W. P. Collins, M.D., Howard. Fee $4.00.

Tennessee—President, George M. Hite, M.D., Nashville; Secretary, J. O. Cummins, M.D., 512 Church Street, Nashville. Next meeting, Nashville, May, 1921. Fee, $4.00

Texas—President, Geo. A. Taylor, M.D., Bettie; Secretary, H. H. Blankmeyer, Aransas Pass. Next meeting at Houston, October 26-27, 1921. Fees, $4.00; reinstatement, $5.00.

Wisconsin—President, R. C. Rodecker, M.D., Holcombe; Secretary, R. H. Herbert, M.D., La Crosse. Fee, $4.00.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION

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Committee on Propaganda, Wm. P. Best, T. D. Adlerman, G. H. Powell, J. A. Munk.
Place of Meeting.....Colorado Springs, Colo., 1921.

List of Members.

ALASKA.

Fox, Walter C., Eagle Alaska.

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Witt, B. M., Little Rock.
Yancey, J. M., Ward.

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Baird, A. P., Laguna Beach.
Baker, Kenneth P., 532 L. A. Investment Bldg., Los Angeles.
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Bolton, M. B., Quincy.
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Young, T. C., 620 E. Broadway, Glendale.

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Bennett, J. Gordon, Halifax.

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Durham, W. P., Sasser.
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Strickland, N., Dunwoody.
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Walker, O. B., Bowman.
Weathers, A. H., West Green.
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IDAHO.

Snyder, Houston, E., Carey.

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Bladgen, A. D., Sycamore.
Brewer, D., Fairbury.
Briney, W. T., 1900 S. Kedsie St., Chicago.
Ciotola, Eleuteric, 5001 W. Chicago St., Chicago.
Davis, J. B., 4556 Calumet Ave., Chicago.
Doss, J. I., Milton.
Forbes, J. F., 2940Adams St., Chicago.
Graves, N. A., 2258 W. Walton St., Chicago.
Harris, E. G., 3510 Reta Ave., Chicago.
Harrison, F. O., Christopher.
Heinze, Eugene P., 2045 West Lavergne Ave., Chicago.
Johnson, N. L., 1507 Mallers Bldg., Chicago.
Jones, W. C., 816 E. Ninetieth St., Chicago.
Killene, H. F., 227 Collinsville, E. St. Louis.
Kinnett, W. E., 401 Schradzki Bldg., Peoria.
Koller, Chas. 1847 Cleveland Ave., Chicago.
Lindherg, A. W., 1575 W. Monroe St., Chicago.
LeBoy, W. L., 1509 S. Kedzie St., Chicago.
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Matthew, J. B., Blue Mound.
Mercereau, C. W., 4255 Irving Park Boulevard, Chicago.
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Schroth, R. G., 546 Garfield Ave., Chicago.
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Sharp, C. E., Elgin.
Shaver, Eva, 1120 Sedgewick St., Chicago.
Spindel, E. S., Meyer Bldg., Springfield.
Stokes, C. A., Edinburgh.
Stratford, Henry K., 236 N. Wallace Ave., Austin Station, Chicago.
Tracewell, Geo., Edwardsville, Ill.
Trowbridge, E. G., 29 E. Madison St., Chicago.
Trull, J. C., 228 Chicago St., Elgin.
Walsh, E. J., 4111 Grand Bl., Chicago.
Wagner, Rudolph, 421 E. 111th St., Chicago.
Walsh, Jno. E., 430 South Ave., Glenco.
Walsh, Thomas, 4011 Grand Bl., Chicago.
Watson, J. E., 2608 State St., N. Alton.
Whitford, H. E., 228 Chicago Ave., Alton.
Wilkenloh, Margaret K., 2349 Milwaukee Ave., Chicago.
Woodward, Chas., 2029 Bissell St., Chicago.
Young, J. R., Neogga.

INDIANA.

Ashabranner, J. H., New Albany.
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Tharpe, Silas P., R. 17, Mt. Washington.
Thomas, R. L., 792 E. McMillan St., Cincinnati.
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Goldman, E. W., Madison.
Greenfield, J. C., Avon.

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Kellogg, H. E., Madison.
Kingsley, W. I., Bowdle.
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Cobb, D. P., Blanket.
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Couch, A. B., Marlin.
Cutler, J. E., Crosby.
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Morrow, S. F., Blue Ridge.
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Morrow, W. C., Greenville.
Prideaux, R. O., Farmer.
Remy, W. O. B., Wilmer.
Reynolds, J. W., Marysville.
Schultz, Carl, Wichita Falls.
Seagraves, S. L., Era.
Stagner, G. H., Waco.
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Williams, Chas. S., Waco.
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Bush, S. W., Parkersburg.
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Moore, F. J., Affinity.
Slayden, Thomas, Williamson.
Waldron, M. H., Naugatuck.

WISCONSIN.

Brewer, J. B., Jefferson.
Cole, C. E., Prairie du Chien.
Duclos, A. A., Kilbourn.
Hill, G. R., Kendall.
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Pechuman, W. F., Beliot.
Quade, E. B., Wausau.
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WYOMING.

Brooks, I. W., Pine Bluffs.
Dean, T. A., Casper.
Elliott, M. S., Lander.
Geer, E. D., Rock River.
Newland, J. S., Kemmerer.
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MISCELLANEOUS.

What Is Diabetes.

All our present knowledge and particularly the recent experimental work of Allen show that the underlying deficiency is a failure of the internal secretion of the pancreas, with consequent inability to convert sugar from the crystalline to the colloid form, in which form it must be present before it can be utilized by the body cell. Such failure on the

part of the internal secretion of the pancreas may or may not be related to gross disease; it seems reasonably certain that nervous disturbance may disturb the equilibrium normally maintained between the organs of the endocrine system, and undoubtedly nervous disorder frequently upsets the balance of a diabetic. There is reason to believe that the white races generally are overtaxing the pancreatic function; the present day enormous consumption of carbohydrate, and particularly of sugar, is a new thing for the race. In America the consumption of sugar per head has risen from 4,990 grams per head in 1810 to 40,700 grams per head in 1916. Perhaps a sugar famine would not be an unmixed evil.—J. F. Wilkinson, Med. J. Australia, Feb. 14, 1920.

The Chemical Composition of the Blood in Cancer.

Ruth C. Theis and William S. Stone (Journal of Cancer Research, October, 1919) determined sugar and nonprotein nitrogen constituents (except creatinine and creatine) of the blood of 189 patients suffering from malignant or allied diseases. As a whole the cases showed a value slightly lower than normal for the nonprotein nitrogen and urea nitrogen. The uric acid values were normal except when kidney complications were present, and in two cases of melanoma without kidney complications, when the uric acid figures were high. Contrary to the observations of previous investigators the sugar values were practically normal when there was no kidney complication or diabetes present. The figures obtained are analyzed from the standpoint of the age of the patient, the general condition and the location of the tumor.—Medical Council.

Chronic Stasis.

We have a report of another case similar to those we have referred to in which a long train of gastro-intestinal symptoms kept the patient in very poor health until the colon was thoroughly evacuated. When this was accomplished by proper internal medicine, with repeated high flushings, the entire train of symptoms ceased promptly. This should be impressed upon every physician's mind in troublesome chronic cases. —Ellingwood.

Dulcamara.

Dulcamara was a great favorite with our earlier observers. It was given as an alterative, especially for the treatment of skin diseases such as boils, eczema pornigo, scrofula, so-called, and jaundice. It was beneficial also in conditions of the mucous membranes with ulcerations. It was given in large doses of the tincture, from twenty drops to a dram, and was often combined with the other vegetable alteratives.—Ellingwood.

NEW APPLICATIONS ROR MEMBERSHIP

August 23 to November 23, 1920.

Nebraska.—Hubert Adams, Trumbull; C. L. Bowman, Loup City; R. F. Jester, Doniphan; J. C. Miller, Garrison; F. R. Metheney, Lincoln; J. Protzman, Malcomb; J. Schooling.

Kansas.—W. H. Harris, Kiowa; T. Jones, Wakefield; P. H. Bernstrap, Wichita; M. F. Hobson, Wichita; Homer Michener, Wichita.

Ohio.—Coryell, S. M., Cleveland; Rankin, Fred M., Akron; Runk, S. S., New Lexington.

Oklahoma.—Noblett, T. L., Eric.

Wisconsin.—Rust, E. A., Alois.

Texas.—Triplett, A. T., Ft. Worth.

Cassachusetts.—George N. Bishop, Cambridge.

Massachusetts.—Bishop, George N., Cambridge; Licata, Francis, Boston; Veitch, Robt. H., Cambridge.

READING NOTICES.

Making Anemic Children Fit.—With the beginning of school year, physicians are often called upon for advice in the cases of run-down, anemic children whose reduced physical condition is not equal to the school tasks offered them. It is in just such cases a thee that cod liver oil in an agreeable form uch as Cord. Ext. Ol. Morrhuae Comp. (Hagee) exerts a correcting influence. Cord Ext. Ol. Morrhuae Comp. (Hagee) will be found a dependable bloodmaker and tissue builder, and by reason of its unusual palatability a reconstructive that may be continued for long periods without proving objectionable. This palatability of Cord. Ext. Ol. Morrhuae Comp. (Hagee) makes it an agent of exceptional worth in young children.

How many physicians of today stop to consider the advantages they enjoy as compared with their predecessors of comparatively few years ago?

Diphtheria Antitoxin affords a striking example of the progress made. When the Mulford Laboratories made the first antitoxin that was produced commercially in this country, shortly after von Behring's discovery in 1890-91, the industry was still in its infansy. At that time no process had been developed for concentrating or precipitating the globulin from the serum, so that whole serum was used. An average potency of 100 units per c.c. was considered very fair.

In those days they had not learned to use large doses, such as 10,000 units, and it is well they had not, since a 10,000 unit dose of serum, including 25 per cent. excess for deterioration, would have required an injection of 125 c.c. in volume of serum measuring 100 units per c.c. in potency.

Another thing, in those early days ordinary one-ounce glass-stoppered bottles were used as containers for antitoxin. It seems almost unbelievable that such were the conditions les than thirty year ago, now that we have become accutomed to the refined antitoxin of today.

But, step by step methods for producing and testing antitoxin were improved. There was an evolution in the containers, and one problem after another has been solved, until now you can get the Mulford Antitoxin so highly refined and concentrated that it contains 3,000 units and more per c.c. This permits of a 10,000 unit dose being administered in approximately 4 c.c. of volume, even allowing the same amount of excess for deterioration.

Furthermore, the antitoxin is contained in a syringe container, with a sterile needle, all ready for immediate use, and the whole thing is so convenient that the physician seldom stops to consider its advantages. Doubtless the next generation will see equally triking advances in many other of our biological products.

An Autumn Cold.—The common cold, so considered, of the autumn months, often proves in the end to be one of the greatest menaces to health. Should the cold be neglected and receive no attntion at all, it may cause some permanent respiratory disorder or some disease of the secretory and excretory apparatus. Physicians are often able to trace directly back to an autumn cold nasal and bronchial catarrhs, disorders of hearing, the beginnings of nasal turgescences, and the enlargement of the tonsils and other glandular structures of the fauses. That form of autumnal cold which partakes much of the character of lagrippe, or occurring in a subject who at one time has suffered from influenza, is one that is of frequent occurrence. It should never be regarded as a simple matter, but should be carefully and guardedly treated. Many cases of asthma in the middleaged-aged, when the forces of life are low and the powers of life waning; many catarrhal affections of the bowels; many a case of recurrent croup, and many serious and often deadly cases of nephritis, may trace their origin to the autumn cold, and usually to the neglected or to the overdrugged cold."

Tongaline, from the character of its ingredients, is bound to possess special alterative and eliminative action, with positive affinity for the excretory system of glands, necessarily producing a thorough elimination of the toxic and morbific products of the system through the various enunctories. In the treatment of colds Tongaline thoroughly acts as an efficient elterative, eliminates toxemia, removes the causes and hastens recovery.

Bacterial Vaccines (Sherman's).—The organisms in Sherman's Vaccines are grown on ascitic agar, which makes them more nearly conform to the bio-chemican construction of organisms responsible for human infections. They are the only vaccines produced on a large scale that are sterilized without heat. This avoids the possibility of destroying the delicate bacterial protein which is so liable to follow from the heat-killed method of sterilization. This results in the production of a vaccine high in antigenic and keeping qualities. All vaccine suspensions are carefully counted and standardized, so that a change can be made from one package of vaccine to another of the same kind with the same therapeutic response.

Dose: For the heavier suspensions, such as Nos. 6, 22, 25, 35, 36, 38, 40, 42, 43 and 49, the first dose is 0.2 (c. c.), or about 3 minims; in chronic cases this dose is repeated at intervals of from three to seven days. In extensive acute infections with high fever, the dose may be 1 mil., givn every day until the temperature subsides and then at longer intervals.

When, particularly in grave cases, valuable time may be lost in securing the variety of vaccines especially recommended, it is always advisable to use the vaccine at hand which contains the predominant organisms of the disease to be combated.

Infants and children who are very tolerant to bacterial vaccines should receive one-fourth to one-half the adult dose.—"Largest producers of stock and autogenous vaccines," Laboratory of G. H. Sherman, M.D.

The Irritability and Insomnia of System Infections.—In marked systemic infections, such as typhoid fever, the irritability and insomnia so often a part of the clinical picture may become so disturbing as to necessitate sedatives. If the patient is a child or a weak woman there is more than ordinary need for exercising care against the employment of a sedative that will produce depression, especially of the cardiac function. An agent of sedative power that is of exceptional value in patients of this character is Pasadyne (Daniel). It is the concentrated tincture of passiflora incarnata and may be used without bad after effects. It produces relief from the extreme nervous irritability of these infections and brings sleep. Its freedom from untoward effects makes it of distinctive usefulness in the case of children or women much reduced. With a large part of the profession Pasadyne (Daniel) is the sedative of choice. A sample bottle may be obtained by addressing the laboratory of John B. Daniel, Inc., Atlanta, Ga.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOL. XII. CINCINNATI, MARCH, 1921. No. 3.

AN HISTORICAL SKETCH OF TUBERCULOSIS; WITH RISE AND FALL OF THEORIES.

H. W. FELTER, M.D., CINCINNATI, O.

The story of the investigations into the cause and nature of tuberculosis is one of the most fascinating in all medical history. The subject may be quite naturally divided into five epochs, or periods, the earlier two of which are more difficult of separation, because in them no one individual made any epoch-making discoveries. These periods have been well outlined by Whitaker. For our purpose they may be succinctly paraphrased as follows:

I. The period of ancient history, marked by clinical observations only.

II. The Anatomic Period, in the 16th century, when the recognition of structural lesions was first made possible by actual observations upon dead bodies.

III. (1810-1865) The announcement by Bayle and Lænnec, early in the 19th century, that tuberculosis is a distinct disease, due to the deposit of tubercle, the latter being a specific substance not dependent on ordinary inflammation. The discovery of auscultation by Lænnec now made it possible to recognize pulmonary tuberculosis during life.

IV. (1865-1882) The complete and definite experiments by Villemin in 1865, showing that tuberculosis could be transmitted by inoculation.

V. (1882 to date.) The discovery by Robert Koch, in 1882, of the tubercle bacillus as the specific causative factor in tuberculosis.

(I) Tuberculosis, as such, was unknown in the early history of medicine. The *disease* to which that name is now applied was, however, known as early as five centuries before the birth of Christ, if not from the dawn of history, and was included as one of several conditions to which the admirably expressive Greek name, *phthisis,* was applied. In its literal sense this means wasting, hence it was descriptive of the most characteristic clinical feature of the disease. It must also be noted that the condition we now denominate phthisis (pulmonary tuberculosis) and other diseases of the lungs accompanied by wasting of the flesh and suppurative processes were not differentiated from each other by the ancients. Phthisis, then, naturally included such disorders as suppurative pneumonias, empyema, pulmonary abscess, pulmonary gangrene, and other lung affections which were capable of placing the victim in a wasting condition or state of consumption.

That Hippocrates II, the great "father of medicine," was familiar with

lung consumption, we have direct evidence in his own writings. He classed it with the fevers and believed it to be due to mucous defluction from the brain, which, flowing down the pharynx, produced pus in the lungs. That he was well acquainted with it is clearly shown by his remarkably clear description of its symptoms, as given in his "First Book on Epidemics," one of the admittedly genuine of the Hippocratic dissertations. It is a little singular, however, that Hippocrates does not refer to it as contagious, a belief which other reliable authors record was widespread among the people of his day. Moreover, Hippocrates, in all his writings, makes no reference to contagiousness of any disease; yet the nature of contagion was then understood, and his contemporary, the historian Thucydides, in describing the plague, expresses himself in terms which admit of no doubt of his knowledge of its contagious character. Again, Isocrates, another contemporary, in writing of a case of empyema, meaning in this instance phthisis pulmonalis, makes such observations as show that it was also communicable.

Lest we lack in evidence let us hear the translation of the words of the great father of medicine as he describes the disease as he saw it in Thasus (now Thaso or Tasso), an island in the Ægean Sea. The Hippocratic record reads:

"Early in the beginning of spring, and through the summer, and towards winter, many of those who had been long declining took to bed with symptoms of phthisis; in many cases formerly of a doubtful character the disease then became confirmed; in these the constitution inclined to be phthisical. Many, and in fact most of them, died; and of those confined to bed I do not know if a single individual survived for any considerable time; they died more suddenly than is common in such cases. But other diseases of a protracted character, and attended with fever, were well supported and did not prove fatal. . . . Consumption was the most considerable of the diseases which then prevailed, and the only one which proved fatal to many persons."*

Then follows a half-page of concise, direct symptoms of phthisis pulmonalis, among which are to be found, toward the end, certain symptoms such as red, painful fauces throughout the disease and delirium, pointing more particularly to the acute form of phthisis.

Hippocrates, moreover, seems to have been observant of the type of individual most disposed to phthisis, for in the "Third Book of Epidemics," he says:

"The form of body peculiarly subject to phthisical complaints was the smooth, the whitish, that resembled the lentil; the reddish, the blue-eyed (or gray-eyed), the leuco-phlegmatic, and that with the scapulæ having the appearance of wings, etc."

Let us pass along the centuries. About the 50th year of the Christian era, Cornelius Celsus recognized three forms of the disease and ascribed the causes as lack of nutrition, effect of chronic diseases, poverty, injurious medication, etc. His views were but little in advance of his predecessors, for he

*The Genuine Works of Hippocrates, translated from the Greek, with a Preliminary Discourse and Annotations by Francis Adams, LL.D., Surgeon.

said the disease "begins in the head, is distilled in the lungs, which it ulcerates to cause fever; which, when quieted, returns. Cough is frequent, with expectoration of pus, which emits a bad odor on burning."

Aretæus, the soundest clinician of his time and a physician whose life-record stands out like a bright light in days of darkness, made the next step in advancing knowledge concerning consumption when he succeeded in differentiating empyema and eliminating it from the category of diseases then included under the general term phthisis. He calls consumption *pye* and derives it exclusively from pus. The description of phthisis given by this celebrated author would do credit to any modern text-book. It is one of the most striking and graphic delineations of the symptoms and appearance of one in consumption in all medical literature. Furthermore, his treatment was remarkable for its simplicity and common-sense. As we read it we can not but feel that had the study of medical history been given more attention in our schools of medical instruction the end of the nineteenth century need not have been the earliest in which a hope of cure might have been held out to the consumptive with a reasonable prospect of fulfillment.

The treatment, both hygienic and dietetic, of this astute physician is well worth our attention. In reading it and comparing it with the treatment now in vogue, one is certainly reassured that Solomon was not far from right when he declared that "there is no new thing under the sun." The words of Aretæus read as if penned but yesterday. They cover gestation and living on the sea; rest after gestation and anointing with oil; and milk and eggs. In speaking of milk, he says:

"If one, then, will drink plenty of this he will not stand in need of anything else. For it is a good thing that in a disease milk should prove both food and medicine."

He also advised newly-laid eggs hot from the fire, but liquid.

As we tread the upward pathway of history we find that up to the time of Galen (A. D. 131-210) phthisis was still viewed as an inflammatory suppurative and ulcerative process accompanied with fever and emaciation, and the great object in treatment was to desiccate the pus. The great Galen whose treatment was in part a common-sense one, was partial to the sea air and sent his patients aship or directed them to avail themselves particularly of the sea air and the sulphuretted emanations about Vesuvius. His error consisted in the administration of desiccating drugs.

Thus ends the narrative of the first period in the history of tuberculosis—the period of clinical observation—covering a stretch of over 1,400 years and with the result that little if any progress was made toward determining the true nature of the disease. However, had the dietetic and hygienic treatment instituted by Aretæus been persistently followed out, how different might have been the aspect of the tuberculosis question today!

(II) The closing half of the 16th century was marked by remarkable activity in anatomic research. With this came the opportunity to observe the effect of disease upon the tissues. Autopsies and dissections revealed hardened masses in the lungs of those dying of consumption, and these were

indifferently termed schirrosities or tubercles of the lungs. The term tubercle —the diminutive of tuber—a swelling, nodule, a projection, or induration— has been used since the earliest days of anatomy, hence its use in the above connection was not out of the ordinary. A new significance was now to be attached to it.

He who was to mark the beginning of the second epoch in the history of tuberculosis by an inestimable discovery was the professor of medicine at Leyden—Franciscus Deleboe Sylvius.* He was the first to accurately describe tubercles of the lungs, which he believed, however, to be enlarged, scrofulous bronchial glands, too small to be seen with the naked eye, but which in consequence of a hereditary predisposition or diathesis—scrofulous or strumous—subsequently softened or degenerated in the centers through suppuration and gave rise to cavities.

Here we have an early notice of the possible kinship between scrofula and phthisis. There is good reason to believe also that Sylvius recognized miliary tuberculosis (unknown to the ancients) in that which he refers to as "tubercula minora." Willis, the great English physician, contemporary with Sylvius, is also believed to have recognized general miliary tuberculosis in his "materia sabulosa" strewn through the lungs in the absence of cavities. Then, for a period of about one hundred years miliary or general tuberculosis was forgotten.

The undoubted presence of miliary tuberculosis was shown as early as 1700 by Bonnett in 150 autopsies of cases marked also by the presence of cavities in the lungs. Next in importance comes the observations of Vetter, in 1803, who made a close distinction between suppurative inflammation having its type in the ulcus pulmonum of the ancients, and the formation of cavities by broken-down tubercles—thus showing his belief that cavities could arise in more than one way. He erred, however, in believing general tuberculosis and pulmonary tuberculosis to be two distinct diseases. Morgagni, the great pathologist, later concurred partially in the views of Sylvius, but opposed the accepted view that tubercles were enlarged glands, and declared the theory that phthisis originated from broken-down tubercles—an unproved assumption.

In 1780 Morton declared "tubercles, as a constant, never-failing premonitory stage of phthisis pulmonis," but this assumption was soon forgotten. Manget (1700), years in advance of general acceptance, observed miliary tubercles, comparing them to millet seed (semen milii), and noting their general dissemination throughout the body. He regarded the formation of cavities as due to the softening of tubercles, as did Sylvius before him.

Stark (posthumous, 1785), however, was the first to recognize the significance of miliary tubercles, hitherto a mere curiosity, and Reed (1785) showed that miliary tubercles were structurally different from the bronchial glands.

The next step in advance was taken by Matthew Baillie, a Scotchman, who in 1794 showed that the larger tuberculous nodules in the lungs were

*Not the great anatomist Sylvius.

identical in character with miliary tubercles—a view not held up to that time —and that neither size nor location, but the physical properties of the tubercles, constituted the important feature. Scrofulous matter, he called it, and compared it to fresh cheese, as had Kortum before him, in 1789. Thus we have the terms scrofulous matter, cheesy matter, and lastly, tuberculous substance, offered by Portal (in 1799) to replace the first named, introduced into medical literature. Baillie also made the important observation that scrofulous matter might show as an infiltration.

(III) It is generally accepted that the third period in the history of tuberculosis dates from the astounding announcement made by Bayle, who published in 1810 the results of his investigations, in which he asserted with great confidence that tuberculosis was not a local pulmonary process but a general disease of the whole body, developing itself from a tuberculous diathesis. He described the changes in tubercles which mark their destruction. The tubercles he described as hard, translucent and grayish bodies, which subsequently became soft, cheesy, opaque, and yellow, until finally they liquify by process of suppuration. Though miliary tuberculosis had several times been recognized, its diagnostic value had scarcely been appreciated (see Stark *ante*). Bayle now gave it the name "tubercle milare." Lænnec, his pupil and the discoverer of auscultation, now demonstrated that tuberculosis in its early stages generally took on the form of miliary tuberculosis. Furthermore, Lænnec supported the claims of Manget and Morton that cavities were only formed by the softening and degeneration of the tubercles. This was a blow to the old theory, from which it took centuries to get away, that in phthisis there is inflammation present with the consequent formation of pulmonary ulcers. Both Bayle and Lænnec claimed the absence of any form of inflammation in phthisis. In this they were opposed by no less celebrated men than Broussais, who believed phthisis to be a chronic pneumonia and that tubercles were the result of inflammatory infiltration into the lung substance; and Andral, who maintained that liquid pus becoming inspissated into a yellowish, cheesy product constituted tubercle—a mere product of ordinary inflammation. Bayle and Lænnec further established the disputed point as to whether scrofulosis and tuberculosis were identical, on account of the cheesy nature of the product, by affirming that scrofulosis is tuberculosis of the lymphatic glands—a view still held by most modern pathologists. The dictum of Bayle and Lænnec that "tubercle is the cause and constitutes the proper anatomical character of pulmonary phthisis" was accepted by the medical world at large and remained in force until the discovery of the consumption bacillus.

In Germany, Schonlein, who in 1839 had the honor to have first given the disease its present name—tuberculosis—denied the identity of scrofulosis and tuberculosis, but his views did not overthrow those of the above mentioned French investigators, for the celebrated pathologist Rokitansky used the terms tuberculous and scrofulous synonymously. The latter, however, as well as Cannstatt and Engel, regarded tubercle as the product of inflammation, but the last named finally distinguished between "true tuberculosis"

and "tubercular infiltration," holding the latter only to be scrofulous. The caseation of the tubercle having become an important contention, the aid of chemistry was invoked. Tubercle was stated by Preuss (1835) to consist most largely of caseine, but this was disproved by Vogel (1845). It was next pronounced a combination of proteins, and there chemistry rested. Up to this period naked-eye investigations had been the means of study, but now the microscopic findings of Addison marked a new era. His verdict, the first from a minute and exact examination, pronounced the tubercle a collection of epithelial cells. From now on the study of histology went hand in hand with that of pathology, and Lebert (1844), who had discovered cancer cells, announced the discovery of "tubercle corpuscles"—characteristic only of tubercles. As he found these in scrofulosis also, he regarded the two diseases identical, but, singularly, in his clinics he taught them as separate diseases, but that the diseased glands were of the same nature. Lebert also taught the non-inflammatory character of tuberculosis. Both Rheinhardt and Virchow (1847) now appear and show Lebert's tubercle-corpuscles to be shrunken pus-cells, such as might be found in common pus. It was now Rheinhardt's turn to err in declaring a gray and a yellow tubercle entirely different and non-related. Virchow now made more extensive histologic investigations than any who had preceded him. He disagreed with Rheinhardt, justly claiming that the gray changed to yellow tubercle, and thought to have put forever at rest the stumbling block of caseation believed by his forerunners to be characteristic of tuberculosis and scrofulosis only—by showing that it not only occurred in abscess formation, but was a sort of necrotic process—a partial fatty metamorphosis—which also occurred in several other pathological states, as cancer, sarcomata, ulcerations of Peyer's patches, etc.

Old views of caseation still held sway in France, however, and were championed by Lorrain and Robin (1854), Cruveilhier (1862), and Empis (1865), and the new view was injected that miliary tuberculosis not terminating in caseation was not tuberculosis, but a new disease to which the latter gave the name "granulie." This he considered fatal only when occurring together with tuberculosis. Virchow, however, recognized but one disease and that as specific; Empis three, tuberculosis, granulie, and a mixture of the two.

Niemeyer (1866) next studied the relationship of tuberculosis to phthisis, of which he recognized two kinds, one originating in tuberculosis and the other in chronic catarrhal pneumonia proceeding to caseation and consequent tissue destruction. Acute miliary tuberculosis he regarded as the result of phthisis. Niemeyer did not believe in the unity of phthisis and tuberculosis, for he said in one of his lectures, "The greatest danger to most phthisical patients is the development of tubercle."

In 1857 Buhl reported finding either cheesy nodules or cavities in twenty-one out of twenty-three cases of acute miliary tuberculosis and hazarded the assumption, later found to have been advanced upon superficial and very insufficient examination, that in tuberculosis the infection originates in a

primary center or focus in cheesy matter and then progresses by absorption centrifugally. He feebly rejoined, when questioned concerning those cases in which no cheesy nodules could be found, that they were probably too small to be observed. Notwithstanding his vacillations and uncertain conclusions, he was one of the first to speculate concerning a specific virus as a cause of tuberculosis—a view in which Niemeyer, who followed many of Buhl's changing theories, could not acquiesce, nor could he support the former's belief in the constancy of the infecting center, a position which Buhl himself subsequently modified. Buhl regarded caseation as due to a kind of compression anemia.

While some of Buhl's theories are not recognized as sound and are held as unsustained by proof, the suspicion he entertained concerning a virus seems to us significant as leading to investigation which led directly to two conclusions—that tuberculosis has a specific cause and that it is infectious. Yet today authors concede to Buhl a high place in that, next to Lænnec, he had made the real advance in the conception of the pathology of tuberculosis by his hypothesis that miliary tubercle was "due to the absorption into the blood of matter from non-encapsuled yellow tubercle," or "a tuberculous cavity in the lungs."

Owing to lack of definite results, post mortem examinations upon phthisical subjects were becoming infrequent and of little consequence in the elucidation of the nature of tuberculosis. Nevertheless, in the field of pathologic histology men were still active. Wagner had made some observations on the fibrillary and cell elements of tubercle, and Langhans noted the cells which made his name famous—the giant cells of Langhans—yet the results of both these observers had previously been attained by Virchow. Knauff, in 1867, described tubercles as derived from embryonic cells of lymphatic origin, and Klebs (1868) as endothelial cells of the lymphatics while Schuppel thought tubercles were of embolic origin and directly transitional from white blood discs—a view practically in accord with that previously advanced by Addison, who, as we have seen, first subjected tubercles to close microscopic scrutiny. Much histologic investigation was now carried on with the usual amount of antagonistic results. The presence of giant cells for a time occupied the foreground of controversy, until it was finally shown by one observer after another that they were present in a great variety of disorders and could be artificially produced by implanting objects of microscopic smallness, subcutaneously. Friedlander and Koster were most active in promoting the giant cell theory, and the former, though upon mistaken histological ground, arrived at truth in showing lupus to be a localized tuberculosis, and at error in placing cancer and several other disorders in the same category. On the contrary, Herring (1873) showed that giant cells are never found in certain tubercles, and Jacobson (1875) showed their presence in common granulating wounds. Baumgarten and Ziegler finally completed the overthrow of the giant cell theory of tuberculosis.

Thus, if we except the hypothesis of Buhl regarding the nature of miliary tuberculosis, we can scarcely see that pathology and histology had as yet con-

tributed materially to establishing the cause and nature of tuberculosis. Heitzman wrote, in 1874, that to that time no perceptible knowledge concerning the morbid anatomy of tuberculosis had been acquired as the result of these years of investigation.

(IV) The Fourth Epoch in the history of tuberculosis began when Villemin announced in 1865 that he had succeeded in producing tuberculosis by inoculation. It must not be inferred, however, that the method had its beginning then, for it had been practically under investigation all through the century, and went side by side with the anatomic and histologic studies, and was practiced by some of those who had worked in these lines. The greatest among these, Lænnec, was accidentally and successfully inoculated by sawing his index finger while making a post mortem examination of a tuberculous subject. A nodule developed and passed away without apparent systemic infection. He died a martyr to his work, however, less than a quarter of a century thereafter; but, as he appeared not to have had any intercurrent trouble from his wound, it is generally thought that his death from tuberculosis was not due to the injury then sustained. The first inoculation date known is 1789; the experimenter, Kortum; the subject, a boy; the material, scrofulous pus; and the result, negative. Goodland (1829), Deygallieres (1829), and Lepelletier (1830) experimentally and successfully inoculated themselves. In 1826 Cruveilhier began systematic experiments and showed that nodules could be produced from the injection of mercury, and concluded therefrom that nodules were not specific. A long line of investigators followed in many lines upon many animals—some with tuberculous matter, some with non-tuberculous matter, and some with various chemicals and foreign substances; and some by traumatic force. The artificial production of nodules was unquestioned, but the unity of nodules and human tubercles was only partially proved in those cases in which tuberculous matter had been used, and even this often failed.

According to Spina, "the first experimenter who purposely and successfully produced infection by the inoculation of tuberculous matter seems really to have been Sevell. Matter from the tubercles of horses' lungs was employed by him, and he believed that 'pus from tubercles just as surely produced tubercles as that one potato produces another.'" The first public announcement of successful inoculation with miliary tubercles and infiltrated tuberculous matter (but upon rabbits) was made in 1843 by Klencke. And yet twenty-two years thereafter Villemin gave the world the results of his experiments, and to him has been given the credit of establishing the fact that tuberculosis is inoculable. The experiments of the latter were extensive, conclusive, and confidently published. Following came the confirmatory and beautiful experiments of Cohnheim, working with Salomonson, who injected a perfectly fresh piece of tubercle into the anterior chamber of the eye of a rabbit. A slight reaction took place, but in a few days the fragment could be observed through the cornea. This would then diminish in size, or perhaps wholly disappear, when, in from two to three weeks after inoculation, a small crop of grayish granules appeared on the iris; these

grew in size and caseated, and finally general tuberculosis resulted. Thus these experimenters helped fix the fact that tuberculosis is a specific inoculable disease.

Among others who took a prominent part in inoculation experiments were Vines, Panum, Lebert and Wyss, A. Vogel, Herard and Cornil, Colin, Pidoux and Paul, Marcet, Empis, Feltz and Clark, Simon and Sanderson, Wilson Fox and Waldenburg. Many of these sustained Villemin in all or some points, while others were antagonistic. None, however, doubted the ability to produce nodules, but all did not agree to the nodule being tubercular or capable of transmitting tuberculosis.

Inhalation experiments were inaugurated by Knauff in 1867. The field was also subsequently worked by Ins, Ruppert, Guenther and Harms, Tappeiner, Lippl, Schweinger, Schottelius, Weigert, Gibboux, Bertheau, Weichselbaum and Balough. Experiments were variously conducted with coal-dust, Berlin blue, cinnabar, Limberger cheese, fungi, feces, debris of brains, pebble dust, lampblack, breath of tuberculous cows, particles of tuberculous sputa, pus from scrofulous lymphatic glands, breath of tuberculous women coughed into a box containing rabbits, rod-shaped bacteria from putrid marsh water, etc. The results were that all such substances inhaled in a state of minute division were capable of producing nodules in the lungs—but it had not been satisfactorily settled that such nodules were necessarily tubercular.

Klebs (1868) was the first to try feeding substances contaminated with tuberculous matter to small animals. He was followed by many others, some of whom boiled the tuberculous matter. Both positive and negative results were obtained.

Experiments with tubercle virus, if such it could be called, were carried on in this period, too, and of especial interest are those of Klebs. Buhl had predicted the presence of both globular and rod-shaped micro-organisms in cheesy centers and giant cells of tubercles, and advanced the opinion that such bacteria might be the "materia peccans" of tuberculosis. This was strongly contested by Waldenberg, Wolff, Friedlander and others who were unable with better facilities than Buhl to identify such bodies. Klebs instituted experiments in 1877 with the result that he claimed to have discovered a micrococcus to that time unknown which he named *monas tuberculosum,* and by which he could produce tuberculosis. Time, however, has proved his error.

(V) The Fifth and last epoch in the history of tuberculosis dates from the great discovery of the specific bacillus of consumption by Robert Koch in 1882. Opposition, of course, was not wanting, but it is now pretty well agreed upon, as Tyson says, "that all phthisis is tubercular."

Koch first cultivated the bacillus outside the body, on the surface of heated blood serum. The human morbid products employed were (1) miliary tuberculosis; (2) pulmonary phthisis—(a) open cavities, (b) closed cavities, (c) caseous pneumonia; (3) scrofulous glands; (4) tubercular testicle; (5) fungous arthritis; (6) lupus. He also used products from

bovine tuberculosis and from guinea pigs by inoculation with human tuberculous matter.

Koch, from the great number of experiments successfully carried out, naturally suspected that the bacillus discovered by him, and which was so distinct from other known bacteria and which he found constant in all tubercular diseases of man and animals, was the specific cause. Of his first position he says: "It does not follow, however, that the bacilli thus found are the cause, the starting-point of tuberculosis; although the fact that the bacilli are found in those points especially where the tuberculous process is just beginning, or is progressing rapidly, and disappear when the diseased process ceases, rather favors this supposition." Having found the germ, he proceeded to prove, if possible, whether or not it was the specific cause. A large number of inoculations were now made with constant and invariable confirmatory results. He now conclusively asserted that bacilli were not only attendant upon tubercular conditions, but were the specific cause for such maladies. No longer could the theories of peculiar anatomic or histologic structure of the tubercle, or their want of blood vessels, or the presence of giant cells be counted upon as causes, nor was it longer necessary to be in doubt concerning the diagnosis of tuberculosis. Not alone did he settle these points, but he declared identical the following disputed maladies: Miliary tuberculosis, caseous pneumonia, caseous bronchitis, intestinal tuberculosis, murrain (tuberculosis of cattle), and inoculation of tuberculosis in animals. Many views have been introduced to controvert in one way or another some of the claims of Koch, but today he stands the undisputed discoverer of the cause of tuberculosis.

Thus we have traced the five great periods in the history of the inquiry into the cause and nature of tuberculosis, and have shown the rise and fall of consecutive theories of causation, but without the fall of the last. We have seen the theory of the ancients—that it arose from pus—come, linger many centuries, and then go; we have noted the anatomic theory of nodules and later the pathological period of tubercles, only as steps in progress, and then to fall as theories of causation. Approaching more nearly to the truth came the theory of a specific virus, which in turn took its place in the archives of past errors to make room for the most plausible, best sustained and least antagonized theory even in a day of greatest enlightenment and working equipment—the theory of the presence and specific action of the bacillus tuberculosis of Koch in all tuberculoses.

We have traced the history of tuberculosis (1st) as a supposed suppurative process; (2) then as nodules, seen in the third period to be distinct tubercles; (3d) as tubercles containing a virus; and (4th) virus taking shape in the tubercle bacillus.

Dr. R. L. Thomas, in the Eclectic Practice of Medicine, writes: "For twenty-five centuries this foe of the human race has steadily marched the highways of life, his victims increasing in numbers with the advance of years, and the twentieth century is compelled to record the awful fact that, notwithstanding our great advance in hygienic and sanitary measures, and not-

withstanding our increased knowledge of this devastating scourge and all our prophylactic means, one-seventh of all deaths recorded are due to this disease."—*Transactions of National Eclectic Medical Association,* Vol. 35.

ADDRESS.

NATHAN A. GRAVES, M.D., CHICAGO, ILL.

This society is to be congratulated on the fact that we have a man of the ability of Dr. Felter, who can write such a concise and accurate history of this great scourge of humanity. I am going to take another side of it—the practical side—and spend a little time on the things you all know, because I have found that it is a good thing to sometimes review matters of common practice. I will take up for a little while the symptomatology, objective and subjective, of what is known as the chronic form of tuberculosis, the form we most frequently meet, and give you thirteen points in the diagnosis of this disease, which I am sure, if you will remember and go over day after day in your mind's eye, when you have a patient that is a possible suspect, you will make few mistakes. No city in the world is doing more to fight tuberculosis than Chicago. We have sixteen doctors, outside of the hospitals and sanitariums, giving all their time to the care of the tubercular sick. Eight dispensaries, with seventy-five nurses, are caring for these cases, and looking for all suspects.

The first symptom I want to call your attention to is fatigue, the feeling of being easily tired out. That occurs in a great majority of cases of tuberculosis, and where you have an individual, young or old, who complains of being very easily fatigued without any reason for it, there is great probability of the development of tuberculosis.

Second, temperature. The temperature in cases of chronic tuberculosis must be taken for a week or ten days in order to obtain any practical value from it. Taking the temperature three times a day for ten days or two weeks is valuable in the diagnosis of tuberculosis. A subnormal temperature in the morning with a rise to 99 or 99.5 in the evening is as much a symptom of chronic tuberculosis as if the temperature were higher.

The third point is the pulse rate. I have seen cases of tuberculosis where I made a tentative diagnosis of tuberculosis simply from the pulse rate, physical findings being absent. I remember one little girl of eighteen or nineteen in which there were no symptoms except the fact that she continuously ran a pulse of 110 to 120 day after day. She was easily fatigued. She finally developed acute tuberculosis and died. She had a very slight rise of temperature occasionally. So unless you have a case of thyroid, which, of course, produces a rapid pulse, consider it as extremely likely to point to tuberculosis.

The fourth is respiration. I have studied and had my doctors study

with me many hundreds of cases which we have thought were tuberculosis, and in running over the respiration chart we have noted particularly that in not one case did we find a normal respiratory rate. It varied anywhere from 20 up to 24 or 26. When you have a patient breathing 22 to 24 times per minute without any apparent physical cause it is an early, persistent symptom of pulmonary tuberculosis.

The fifth is cough. I am taking these symptoms in the order of their importance. Cough may be absent or present. Some patients cough very much, some very little. The cough may produce sputum or be unproductive.

The sixth point is loss of weight. A persistent, slow loss of weight is important in the diagnosis of the tubercular sick. Where a patient is losing perhaps one pound a month over several months and you cannot account for it in other ways, remember this is one of the things that occur frequently in the developement of chronic tuberculosis.

The seventh is pain. Pain may or may not be present. Pain is a relative matter. Some individuals suffer pain from the slightest cause, others do not. They may say they have no pain when there is developing slowly a tubercular condition, and do not forget that a pain in the shoulder or neck for which you cannot locate a cause in the chest is apt to be a symptom of tuberculosis.

Eighth, we have loss of appetite, of peculiar vagaries of the appetite —a coated tongue and occasional diarrhea. These are all associated with the diagnosis of tuberculosis.

Ninth is hemoptysis. It may be the first symptom. The individual is feeling well, has been all his life, according to his own story, and all of a sudden he coughs and spits up a little blood-streaked sputum. Or the individual may expectorate a considerable amount of blood, perhaps a quart. It may be one of the last symptoms. It may occur just before death, but few cases die from hemorrhage of the lungs. I remember only three or four cases which died from acute hemorrhage of the lungs. It is a symptom of the disease which is not usually to be feared, but one that is of importance, and where a patient who has been feeling reasonably well spits up blood, remember there are very few known causes of hemoptysis aside from pulmonary tuberculosis.

Tenth, the nervous manifestations of the disease. In the incipient stage of tuberculosis a great majority of individuals are inclined to be decidedly irritable. In the beginning, instead of being hopeful, they are always dubious and decidedly irritable. In the later stages of the disease almost all individuals look forward to the next day, and the next day, as the time when they will feel a little better; but in the early stages of the disase this is changed and they think they are going to die. In the later stages they are more optimistic.

The eleventh point is the skin. There are several things to be noted in regard to the skin which are quite indicative of tuberculosis. Anemia, local cyanosis, enlarged veins, which show decided interference with in-

ternal circulation, are symptoms of early tuberculosis. We have noticed in a number of cases small venules over the upper part of the right or left chest. As the disease progresses we will see a ring of venules around the patient's chest, sometimes only halfway round, but remember that means interference with the circulation internally.

The twelfth point is night sweats. Sweating around the neck and head at night is an early symptom. General sweats with much depression is a late symptom.

The thirteenth and last point is a particularly careful history of the patient. This must go back to the grandparents, down through father, mother, brothers, sisters, because while tuberculosis is not hereditary in the sense of its being passed from mother to child, we know where an individual has been associated with a tubercular case, where a child has been born of a tubercular mother or had a father who is tubercular, that during the first three years of life that individual is very apt to acquire tuberculosis, and I am inclined to think that infection occurs early, and not by hereditary transmission.

These are the most essential points for us to remember in the symptomatology of this disease. They have simply been mentioned. No two cases have the same symptoms, but in this group are those which will be found in practically all cases and which will enable us to make a correct diagnosis.

And now let me take up the points that are of importance in the physical examination of each individual case. Too many of us become decidedly careless in the diagnosis of these cases. We are hurried, have more work than we can do, we look a patient over and hope he has not anything very bad, and oftentimes fail to give these individuals anything like the care they should have. Let me urge you to give these patients a thorough examination from head to foot; use every means possible to make a diagnosis, because it is only when the cases are diagnosed early that we are able to secure good results. If a case has progressed far enough so the lung has broken down, all you can do is to aid in staying the disease. If you can diagnose your case before they have active tuberculosis—in the "pretubercular" stage—when they have some of these symptoms which are forerunners of the active disease, then you may hope to check the disease in nearly every case.

Dr. Powell has a patient who has kindly consented to come here, and there are some things I want to point out to you in his condition.

This man is forty-one years old. His mother died of tuberculosis when he was young; his father also is dead. He has been a heavy smoker. He had an abscess of the liver in 1910 and was sick for thirteen months, being operated upon, and he has quite an extensive scar on his back. The rib was resected, and this makes me suspicious that he had an empyema rather than an abscess of the liver, although I do not know. The absence of the rib and this big scar, and the fact that he was sick for a year or more, would lead me to believe that he had an empyema.

Also the fact that he recovered. It is exceedingly rare that one recovers from an abscess of the liver. He has been sick for about a year, has a little cough and some sputum, and as the tubercle bacillus has been found in the sputum there is no question as to the diagnosis. He has little or no fever at the present time. He has had night sweats, but not now. He has had no disturbance of the stomach particularly, eats pretty well; he is constipated. He has lost five or six pounds during the last year, and is at present quite decidedly better. He has spit blood but once, about three months ago. He has great difficulty in talking, due to laryngeal involvement. According to the classification of the National Association on tuberculosis, the fact that he has a larygeal trouble places him in the far advanced class. No matter what your other findings are, if the patient has a tubercular laryngitis it places him at once in the far-advanced class. That does not mean that he is going to die, because he may live longer than the man who has an incipient lesion.

This man stands in a good light, his hands hanging easily by his side, and we can see that he is thin, his color is pale, the glands of his neck are visible on both sides, and his breathing is accelerated.

I will ask him to take a deep breath. We notice that the apices of the lungs do not fill. The lower part of the lungs expand fairly well.

We can see that there is a certain amount of tissue wasting over the apices. The skin is thin and when pinched up by the thumb and forefinger the tissues are thin—the fat is gone. In carcinoma or diabetes the wasting is general, in pulmonary tuberculosis it is often localized and can be seen and felt.

This man's fingers are partially "clubbed." They show the result of interference with the return circulation over an extended period of time. The small venules on his chest are due to the same condition.

Examination by touch, by hearing and by the combination will confirm what we see. The X-ray of this chest with an examination of the blood will all be aids in determining how great is the extent of this lung involvement.

If the general symptoms are remembered, if each case is given the care he deserves, I am sure we will make few mistakes in our diagnosis.

(Dr. Graves then showed some X-ray plates.

GONORRHEA IN WOMEN.

Wm. P. Best, M.D., Indianapolis, Ind.

The world seems to be awakening to the importance of venereal diseases, and no longer do we find this a forbidden subject in the home, but it is more and more freely discussed and more and more widely understood by both sexes. The importance of gonorrhea, its far-reaching and disabling effects, its deplorable influence for actual injury, its menace to the health and happiness of mankind, seem to not be wholly comprehended by the medical pro-

fession, much less by the people in general. There is danger that as the subject becomes more familiar it will not excite the concern nor receive the care its destructive nature justifies.

Gonorrhea in women is much more destructive and far-reaching in its effects than many other diseases of which the public know and fear more. Notwithstanding recent agitation and efforts to educate through propaganda for social reform, there are yet many who are unconscious of the infectious nature of the disease and much more ignorant of its ill effects and the difficulty of a complete cure. As long as those who are infected are at liberty to promiscuously associate with others who have no way of knowing of the danger, just so long will this disease continue its evil effects on the productivity, health and happiness of humanity.

In women this disease is especially difficult to control, even when seen early and treated by the very best means at our command. A large percentage of both married and single females who are infected with gonorrhea are so blissfully ignorant of their condition, that they continue distributing the disease directly and indirectly—chiefly the former—because they do not go to physicians, or if they do seek medical care, conditions and medical laws militate against their having a frank understanding of the facts.

Pathology.—Gonorrhea affects nearly every portion of the female genitalia and reproductive organs. The vulvæ is at first dry, later bathed with a muco-purulent discharge, which becomes irritating; the nymphæ becomes edematous if the disease continues. With the vulvæ the urethra and Bartholinian glands are usually infected, enlarged inguinal glands are present and multiple small abscesses may be found upon the labia majora.

Gonorrheal vaginitis may be present, but more commonly is found infection of the vaginal portion of the cervix uteri. The squamous epithelium seems to afford some protection against gonorrheal invasion of the vagina and the mucous membrane covering the vaginal portion of the cervix. However, the lining of the cervix is more susceptible and from its inflamed surface exudes a ropy and tenacious muco-purulent discharge. Gonorrheal vaginitis is more common in children because the mucous membrane is then more easily irritated.

The endometrium of the corpus uteri presents the evidence of the infection, but is rarely seen. It affords loose texture in which the disease develops and from which eradication is very difficult.

The Fallopian tubes will present a livid or dark red color, and membrane thickened to a variable degree. This condition is much more developed in the purulent type of salpingitis. Secondary to the tubes the ovaries may be attacked. They become inflamed and one or more abscesses may supervene.

The course of the disease may be mild or severe. The range of possibilities is very great, both from discomfort produced and damage resulting. From slight discomfort in the genitals, irritation when urinating, a sense of heat and feeling of soreness, we may have a wide range of pathological development which render the patient uncomfortable the remainder of her life or result in virulent and rapidly extending infection which terminates

in tubal abscesses, pelvic peritonitis and death, in some instances, if prompt surgical relief is not afforded.

Latent infection, aside from the acute phases of gonorrhea, presents some very important possibilities for consideration. A latent infection may lie inactive for weeks, months or years, to be brought into activity subsequent to child-bearing, when it may rapidly spread to the appendages and pelvic peritoneum. The result of such an attack may be future sterility, with abscessed tubes, or abortion or tubal pregnancy may follow subsequent conception.

A large percentage of puerperal infections are due to the gonococcus lying dormant in the genital tissues for an indefinite time or acquired a short time previous to labor. A much larger percentage is from mixed infection in which the gonococcus plays a part. In 2,300 labors in Dresden, 25 per cent. of all cases of fever following delivery, the gonococcus was demonstrated. As evidence of the frequency of this type of infection, "Saenger observed 389 cases of pregnancy in 100 of which there was a gonorrheal discharge." "In Leopold's clinic 25 per cent. of all cases of puerperal sepsis were of gonorrheal origin."

Gonorrhea acquired after conception may be of severe type, yet it will confine itself to the lower end of the puerperal canal. As soon as labor is over an acute infection may invade the entire pelvis, including all the organs. The discharge from the uterus at such a time is copious, purulent to a great degree, with all the manifestations of sepsis, both local and general. The child will have ophthalmia neonatorum regardless of the most scrupulous care and use of prophylactic medication.

We have seen cases of gonorrhea in women who, after a year of treatment and observation, in whom no microscopic evidence of infection was found after repeated examinations, marry and promptly infect the husbands.

Noeggerath is credited with having said, "The gonococcus can exist in the tissues throughout the lifetime of the individual, and at any time under favorable influences the infection may light up into what appears to be a new and acute infection, or may transmit a virulent infection without itself becoming manifest." We have a well substantiated report from a fellow practitioner of a case wherein a woman who had had no sexual contact for a period of eleven years, yet she infected her lover. I am informed by the superintendent of a school for the blind that they have not adequate data upon which to estimate, with any degree of accuracy, the percentage of blindness due to gonorrhea. When a child is subject to "a veritable baptism of virulence," if it is born of a mother infected with this disease, is it any wonder that the blindness resulting from ophthalmia neonatorum is estimated all the way from 10 to 80 per cent. of all cases?—and some make it even greater than the last. "Not only are the eyes of the new born liable to infection, but any and all the members of the family may be similarly infected."

Treatment.—This is an ideal place for preventive or prophylactic treatment. However, we rarely see a case in its incipiency, much less have we

opportunity to advise against. One of the measures resulting from the world war that may benefit mankind is the campaign of education and prophylaxis for the protection of the soldiers. As important as we all know this measure to have been, yet clean men and "fit" are as necessary in the home as in the army. In other words, it is as necessary to have decent men to marry our daughters as it is to have clean men morally to be shot at by the enemy. If we as a nation shall benefit by reconstruction, why not reconstruct along the lines which make for clean Americans as well as Americans loyal to our flag? How much more necessary is it to have loyalty to the country than loyalty, meaning common decency and respectability, in the home, where loyal American citizens are supposed to be conceived and born?

If our country can profit by national prohibition, if such a measure can be made workable, why should prostitution be allowed, when its immoral and destructive influence makes it a close second to intemperance and with which it has always been so closely associated? Did it ever occur to you that it takes two to make one prostitute? And from the prostitute, male or female, the disease under consideration is passed on to the unsuspecting and innocent women who are the mothers of our citizenship. If the female prostitute is segregated, lodged in jail, or made subject to quarantine, what is the good coming from such half-way effort? Why is it any more just to incarcerate the one than the other? Is not the man with gonorrhea at liberty, as much a menace to his family and children as the female? And which, if either, is the worse of the two?

Smallpox, diphtheria, scarlet fever, measles and even chickenpox are subject to quarantine. Yet which of these, or do all together, afford such a menace to the happiness, welfare and comfort of mankind as the one disease under consideration?

In our state we are required to report all cases of gonorrhea coming under our notice. Yet these reports are kept *subrosa*. The guilty parties are not advertised, neither is the home protected. If publicity is so good for the human family in public affairs, government and health, why does the greatest of all menaces receive so much tender solicitude?

If a man willingly steps into a house wherein there is a plague, he is at once quarantined. If he willingly and sneakingly enters a house of ill-fame, why not keep him there until it is known whether or not he is a menace to his home or the public?

If American citizenship is to mean anything, if America is to be any better than the nations which are becoming obsolete, shall we not be compelled to eliminate this along with the curse of intemperance?

DISCUSSION.

Dr. D. E. Saxton (Tampa, Florida): I think the war statistics gave Florida a black eye on this disease. I think they claim that Florida stands the highest of any State in the Union, and this may be true; but I have my serious doubts of the statement the doctor read of the party who infected her husband who had been virtuous for eleven years. I have had a large experience along this line in Tampa. Florida is a hotbed for this disease. I do not know how long the germs will live in the human body, but that has

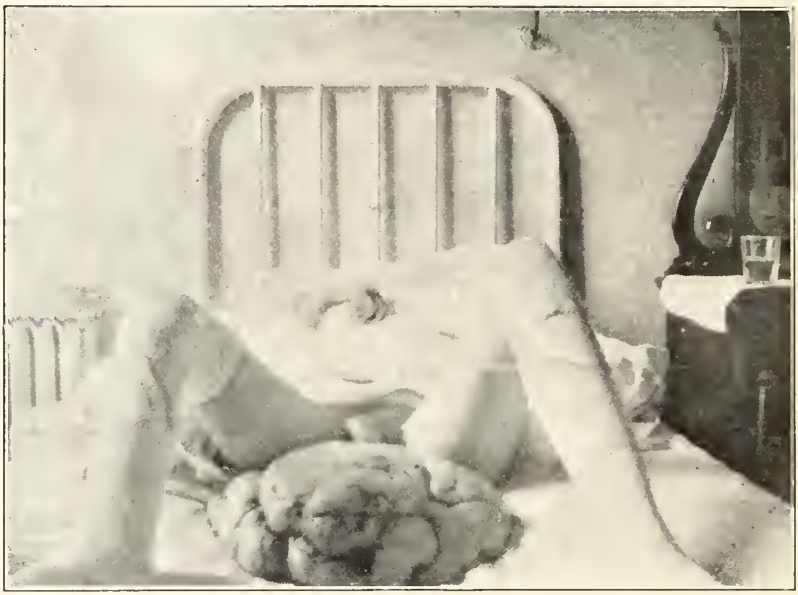
been my experience. I am simply giving you my experience in thirty-five years, and I have had cases that I know had this disease for a number of years, who have been cured, and after they were married several years children were born, and no sign of the disease at all.

Dr. E. C. Aurin (Ft. Ogden, Florida): I can back up what Dr. Saxton said about Florida being a hotbed for this disease. Every nigger gets K. I. as a routine. I have seen old cases of salpingitis and gonorrhea and rupture in the abdominal cavity, but I do not believe this germ lies latent in the system as long as some would have us believe.

Dr. W. N. Holmes (Nashville, Tenn.): I remember a case of a lady who came to me for leucorrhea. I happened to know the family pretty well and I made a slide. It had been eleven years since her husband had had an infection, and she only noticed this recently. It has been said that a man may know when he gets gonorrhea, but God only knows when he gets well.

Dr. John W. Kannel (Ft. Wayne, Ind.): The main point that interested me was, how are we going to educate the public, and how are we going to protect innocent people, unless we get publicity on this disease the same as less dangerous diseases. That is what this country needs—protection. That is what the doctor tries to impress upon us in this paper. How are we going to protect the human race if we do not publish the names of these people who contract it? I do not think a man who contracts gonorrhea and spreads it is any less a culprit than a man who steals. The way to get at this is to get after the legislators. Let them know the serious consequences of this disease, and not whitewash it, and let these people be quarantined the same as for smallpox. These last few months I had a case of a young man who returned from France who has gonorrhea in its worst form. Since he has been back he has been paying attention to a young lady who is highly educated and a fine musician, and they are to be married. Under the law I had to make out a certificate and send it to the State capital and to our local health board, showing that this young man has gonorrhea, but I do not dare go and tell that young lady or her parents, or they can sue me for damages. I went to our local health officer and told him that I felt it was my duty to prevent the marriage, and asked if there was any way in which I could get this information to her or her parents, but he said no. They can not get it, although it is there, so I had to keep quiet. But it is not right. It seems to me that medical associations ought to go on record and say to our legislators there is something wrong about it. What good does it do our communities to have this information on file if we can not get at it? My experience certainly tells me that ninety-five per cent. of operative cases come from gonorrheal infection. I have now a case in the hospital that I operated nine weeks ago, removing both tubes and ovaries, and there is general infection. The woman has been sterile for years. Her husband was infected more than fifteen years ago, but it only broke out in her in the last four months in such form that she had to be operated. The thing I wish to emphasize is that these people are dangerous and some way should be found to protect the innocent.

Dr. B. E. Dawson (Kansas City, Mo.): A few years ago, as a member of the legislative committee of our State society I went to the legislature, and they appropriated two thousand dollars to enforce a bill to compel doctors to drop nitrate of silver in the eyes of the new born, and they talked about smallpox and strict rules of quarantine and a great many things; and finally, after they get through, I said: "You have been talking about how you can put some doctors out of business and keep them from getting licenses in the State, but you could do the public more good along other lines. You have been talking about smallpox and how you can quarantine it, but you



Labial Lipoma

have not said a word about big pox. A man may come into my office with gonorrhea or syphilis, wash in my lavatory, wipe on my towels, eat at my table, and there is no law against it. I would rather he would give my family smallpox ten times over. You talk about cleaning up school-rooms; you would do more good to clean up railroad stations and Pullmans." But my talk threw a damper on the meeting.

Dr. W. P. Best: I do not suppose that I will live to see the time when such ideas as presented in my paper will become enacted into law so that the public may be protected, but I think there will, perhaps, be some children who are born today or were born yesterday that may see that time. It has not been very many years since the man who would have said that the United States would be prohibition would probably have been sent to the place where the people talk too much and say too little. That was considered an impossibility a few years ago; today it is a fact. One thing you must do to accomplish such things, and that it to arouse and educate the public up to the point where they know what they are doing and what they want to do. The people of these United States have a habit of getting what they want when they go after it. If the time ever comes when they want to protect themselves, when they know enough about gonorrheal disease to want to protect themselves, they will get that protection. If it is wrong to allow a man with smallpox to run at liberty, how much more right is it to allow a man to run free who has syphilis or gonorrhea, infecting everyone with whom he comes in the proper kind of contact? I am not an alarmist or a preacher, but I claim that the time will come when the people will assert their rights.

Dr. H. E. Vitou (South Bend, Ind.): In Indiana we have laws that go a long way to cover that. Syphilis and gonorrhea can be quarantined. It is up to the doctors to do their duty and see that the laws are enforced.

Dr. Best: I am well acquainted with that fact, but nevertheless these things never get any further than the board of health.

LABIAL LIPOMA.

E. B. Shewman, M.D., Cincinnati, O.

In 1918, Dr. Thos. Bowles, of Harrison, Ohio, referred Miss D., age eighteen, farmer's daughter, with the following history: For some time she had been losing weight and strength, appetite variable, skin pale, rapid feeble pulse ranging from 90 to 120; kidneys active, somewhat constipated; menstruation somewhat scanty, but painless; no pelvic pain of any kind; had great difficulty in locomotion. She had consulted several physicians before consulting Dr. Bowles, who was unable to obtain much information from the patient or parents. A few days later, while the young lady was bathing, her mother on entering the room unannounced found the girl with a large tumor attached to the vulva. She became alarmed and called Dr. Bowles, who sent her to Bethesda Hospital, Cincinnati, Ohio. I found her in the following condition: A large lobulated tumor with a pedicle one and one-half inches in diameter, having its origin from the right labia. Over some of the surface there was ulceration and necrosis due to lack of proper circulation. Her general condition was not good and she had a very rapid pulse. The patient was very poorly nourished. Diagnosis: Labial lipoma.

The following day the growth was removed and the mass weighed twenty-

six and a half pounds. She has made a complete recovery and enjoys all the vigor and glory of health.

I have read all authors on the subject, but have found very little. Grad reports having found twenty-four in all literature, and that they varied in size from a pea to twenty-four pounds. Therefore this specimen is the largest I can find any record of. The growth was taking a large amount of blood out of the normal channel, which accounts for the rapid, feeble pulse. It is still a mystery to me how she concealed this, as it was two years in attaining this size.

DIAGNOSIS AND INTRAVENOUS TREATMENT OF TUBERCULOSIS.

H. H. Helbing, M.D., St. Louis, Mo.

It has been some time since I have written anything on this subject, because of the fact that I wished to take plenty of time for observation. As my time is almost wholly taken up with surgery, it leaves me very little time to devote to this subject. I wish to merely report a few cases that I have had and then let you draw your own conclusions. In the September, 1917, National Quarterly I called attention to an easy method of diagnosing tuberculosis in its incipiency, and I desire at this time to again call your attention to the method. In every case where the heart load is over 53, tuberculosis is suspected. The heart load is ascertained as follows: S, systolic; D, diastolic; PP, pulse pressure; HL, heart load; OL, over-load.

S—D=PP
PP÷D=HL
HL—53=OL

In other words, the diastolic is subtracted from the systolic to get the pulse pressure. The pulse pressure is divided by the diastolic to obtain the heart load. No heart load should be over 53 in a healthy person or one who is not subject to tuberculosis. The article in the *Medical World* for February, 1917, gives the reasons for increased heart load in the tuberculous. I hope the members of the National will taken enough interest in this subject to make observations along this line and either refute or confirm these findings.

The following cases were treated during 1919:

Mrs. M. P., age thirty-five, has had hemorrhage of the lungs. Her sister, brother, uncle and grandparents have died of tuberculosis. Her morning temperature is 99 and afternoon 100. Pulse 84, hemoglobin 80, red count 6,560,000; blood pressure, S. 130, D. 70; HL 85, OL 32. July 23 gave salicylic acid 40 grains, inula-echinacea 5 c.c. August 19, afternoon temperature normal and improvement in symptoms; gave 70 grains salicylic acid and 10 c.c. inula-echinacea. Patient recovered and needed no further treatment.

Mrs. W. H. S., age thirty-six, had two aunts and an uncle die of tuberculosis. She had an attack of the flu, since which time she has had a cough

and pain in the chest. Her afternoon temperature is 99.4. Is losing weight. Hemoglobin 80, reds 5,256,000, whites 5,000; blood pressure, S 118, D 70, PP 48, HL 69, OL 16. Radiograph revealed no consolidation areas. She refused intravenous treatment, so we put her on internal treatment and she gained twelve pounds. Have not heard from her for four months.

Mr. F. B., age fifty, who came to me with a well marked case of tuberculosis, having constant temperature, loss of weight, growing weakness, tubercle bacilli in sputum—such unfavorable prognosis that I did not give him the intravenous treatment. His blood pressure was: S 115, D 60, PP 55, HL 91, OL 38. He lived eight months after coming to me.

D. A., age eight, has suppurative otitis media, which has given her more or less trouble since having the scarlatina six years ago. Her father died of tuberculosis five years ago. She has a positive Von Pirquet. Her afternoon temperature is 99. Her blood pressure is: S 80, D 48, PP 32, HL 66, OL 13. She has symptoms of tabes mesenterica, but no indication of an affection of the lungs. We have not given her treatment as yet, but will keep her under observation and treat her expectantly.

Miss L. W., age forty-six, had pleuro-pneumonia ten months ago, which left her with a cough that has persisted ever since. She has rales in left apex and more dullness on left than on the right side. Hemoglobin 80, reds 4,800,000, whites 7,000. Blood pressure: S 105, D 62, PP 43, HL 70, OL 17. We gave her 38 grains salicylic acid and 5 c.c. inula-echinacea, which has cured her.

Mr. S. P. L., age forty-nine. Her sister died of tuberculosis, but there has been no other cases in the family. He has had a cough for some time and has been losing weight. His afternoon temperature was 100. Hemoglobin 90, reds 6,800,000. Blood pressure: S 145, D 80, PP 65, HL 81, OL 28. I gave him on September 6, 40 grains salicylic acid and 5 c.c. inula-echinacea; October 6 I gave him 80 grains salicylic acid and 10 c.c. of inula-echinacea. November 6 he had gained fourteen pounds, his cough was gone and his blood pressure had shown a change. It was now: S 118, D 90, PP only 28, and HL 31, which was 22 under the maximum, while at first it was 28 over the maximum. This was the first case in which I had observed whether the blood pressure changed for the better as the case improved. This patient declared himself well, and has remained so, requiring no further treatment.

Miss G. F., age thirty-two; sister died of tuberculosis recently. Patient has had a persistent cough for three months. Coughs up considerable sputum mornings. Afternoon temperature 99 to 100. She feels very weak, so much so that she is unable to walk a block without resting. Is very short of breath. Hemoglobin 70, reds 5,048,000. She has rales, heard posterior. September 29 gave her 60 grains salicylic acid and 10 c.c. inula-echinacea; October 8, 80 grains salicylic acid and 15 c.c. inula-echinacea; October 26, 90 grains salicylic acid and 15 c.c. inula-echinacea. At this time the cough had ceased and she had gained strength until she felt as strong as ever. She had been riding horseback and doing ordinary housework. I did not take her blood

pressure, for this case was treated before I began such observations. She fully recovered and is well and strong today.

In all cases it is advisable to institute hygienic measures and all means calculated to benefit such patients. In laying stress upon blood pressure as a means of diagnosis, I do not mean to minimize other diagnostic means, but I do think that this method is one that most of us can learn and use in our practice where other methods are impractical for the general practitioner. Then, too, this sign is in evidence early, and it gives us that much more advantage with our curative measures in these cases. I do hope you will study your cases and report your findings next year.

I have during the past year perfected a concentrated solution of salicylic acid that simplifies its administration in limited doses. I take 40 grains salicylic acid, 80 grains of phosphate sodium C. P., 1 dr. glycerine, 2 dr. sterile water. Put all in test-tube and boil until a clear solution results. You may then add 5 c.c. of inula-echinacea, which will make the volume about 20 c.c. This may be administered with a Luer syringe without dilution. I usually give it this way the first dose I administer, but the following doses, being much larger, must be given with a gravity apparatus and diluted with saline solution as described in my original article. Of course, there are numerous hermetically sealed ampoules of salicylic acid on the market, but these contain too small a dose for our purpose. The other medicaments in this form are useful in chronic ailments and will be found in many cases superior to oral medication.

The larger dose for subsequent administration is prepared as follows: Salicylic acid 96 grains, phosphate sodium 192 grains, glycerine 3 dr., aqua dist. 5 gr. M. Boil until a clear solution results then filter. This must be diluted with 7 or 8 ounces of normal saline solution before giving. I always add 10 or 15 c.c. inula-echinacea also.

TABES DORSALIS.

Theodore Davis Adlerman, M.D., Brooklyn, N. Y.

Tabes dorsalis, or posterior spinal sclerosis, is a fairly common disease of the nervous system, met with more frequently in the male than in the female. While I am willing to admit that many cases of tabes are preceded by a syphilitic infection, and while I know that most writers upon this subject consider tabes as a "parasyphilitic" disease, yet I can not agree with the prevailing opinion that syphilis is the only cause, the only factor, in producing this affliction. How can we possibly explain the following facts, and yet state that syphilis is the only cause in producing tabes dorsalis? There are certain countries in Europe in which syphilis is widespread and yet in these same countries tabes is practically unknown or exceedingly rare. It is a well established fact, which is not even denied by most of the supporters of the syphilitic theory, that in Bosnia, Herzegovina, Abyssinia and Japan,

as well as in some parts of Africa, syphilis is an every-day occurrence, is prevalent in large numbers, and yet tabes dorsalis does not exist there!

Syphilis is of frequent occurrence among the prostitutes of New York City (this is proven by statistics), and yet how very few cases of tabes are encountered among them. And still a more positive fact: Compare all your cases of syphilis, compare their number with the number of tabes dorsalis, and you can not help but agree that there must be other causes besides syphilis which contribute to the production of tabes dorsalis.

I consider tabes an exhaustion disease of the nervous system, in which syphilis may perhaps help the formation of certain toxins in the blood which has a marked action upon the sensory neurons, causing a degeneration of the posterior roots. It is only by acknowledging the theory of the toxins that we can see the reason, or rather the explanation, of certain peculiarities of tabes dorsalis, such as, for example, the crises. To deny the toxin theory is to be without a reason for the paroxysmal attacks found in tabes. I am willing to give syphilis its due share in producing this miserable condition which we describe as tabes, but at the same time I insist that other causes are just as important. Tuchzeck, for example, has proven that tabes, or rather tabetic symptoms, develop in cases of ergot poisoning; excessive fatigue, trauma, sexual excesses, infectious diseases, exposure to cold and wet have also produced tabes.

There are cases of tabes in which the most careful research has failed to disclose even the slightest trace of syphilitic infection. We can not overlook the fact that a neurologic heredity plays an important part in the etiology of tabes. Study with care the history of your locomotor cases, and what do you see? You find a history of epilepsy, chorea, hysteria, insanity, hemiplegia and diabetes in the parents of many tabetics. I am sure that the very last word has not as yet been said in the etiology of tabes.

Pathology.—The pathology of tabes can not be said to present many illuminating facts. It is a picture of a marked ascending degeneration. Posterior columns of the spinal cord and nerve roots are sclerosed. The pia mater is very much thickened. The posterior roots are enlarged in the beginning, and then become very thin in the advanced cases. Sclerosis is found in Burdach's column—seems to spread outward and involve in due time the column of Goll. In all of the affected root territories the degeneration slowly involves fiber after fiber.

Symptoms.—If I were asked to describe locomotor ataxia as briefly as possible, I would say that it is a disease associated with atrophy and degeneration of the posterior columns of the spinal cord. I would say that it manifests itself by a failure of co-ordination of muscular movements; that individuals thus affected walk with difficulty; the gait is staggering and uncertain. I would say that the feet are thrown spasmodically forward, as if jerked by an invisible force, and come to the ground with an unusual and unnecessary degree of force. I would say that the movements are very irregular, and that this irregularity is increased when the attention of the patient is diverted so as to prevent him from watching them. I would say

that he is unable to stand a moment with his eyes closed, and that sudden, severe pains are liable to occur at intervals in circumscribed parts of the body, affecting different portions at different times. These pains may be absent for weeks and then come on from time to time. I would say that strabismus, double vision and amaurosis from disorder of the third and sixth pairs of cranial nerves may be found, as well as atrophy of the optic disc. I would say that hearing and speech may be impaired in the progress of the disease, and temporary paralysis of a particular part of the body may occur. I would add that the disease affects the lower extremities and then extends to the upper. The patient loses sensibility in the soles of his feet and his feet feel as if they were separated from the ground in walking. But would such a description be regarded as scientific by the "highbrows" in my branch of medicine? Would not they jump at me at once for not mentioning the Argyll Robertson pupil—pupils responding to accommodative effects but not to light? Or what names would they call me if I did not mention ptosis and squints, unilateral and biiateral, as well as lachrymation, exophthalmos, nystagmus and reduced ocular tension on one or both sides?

Would the so-called neurologists let me even dare call myself one of them if I did not say that we may also encounter myosis and even absolute iridoplegia, as well as mydriasis? I suppose I must also mention that the optic nerve degenerates in about 25 per cent. of the tabetic cases, and that primary optic atrophy, which is evidenced by decreasing loss of vision, is an important symptom?

I am afraid even to think what would happen to me and to this article of mine if I were not to mention the Romberg symptom, which is present early if the lower portion of the cord is involved. With closed eyes they sway or may fall heavily if the feet are placed close together, and may even be unable to stand with a broad base for support. Romberg's sign is due chiefly to the defective control of muscular movements which is necessary to preserve the equilibrium. If this control be supplied by the eyes, the swaying is insignificant, but it at once becomes very marked if the control by the eyes is lost. As long as I am describing this phase, I may as well say that in very many tabetics, when the disease is far advanced, the co-ordination of this maintainance of the position of the trunk is very much disturbed, and such cases finally can not even sit up, since the trunk sways so much.

As we all know, an early sign is the loss of the knee jerk. This is not always the same. It may be lost in one leg before the other, and will often precede for several years the development of the ataxia. The lost knee reflexes, which some call Wetphal's sign, must be looked for with care. The Achilles jerk or Achilles reflex is usually lost early and in many cases fails with knee jerk.

While the pains in tabes could be described in a few words, science requires me to dwell more upon them and to devote more space to them. Pains in tabes are sharp, shooting, quick and mostly in the legs. Still I have seen them in the arms in cervical tabes. The so-called girdle pains are very

characteristic and a sense of constriction about the body is complained of. The patient will tell you that he has a tight belt around his body.

The so-called "crises" are many. The gastric crisis, which comes on suddenly and paroxysmally, a cardialgic pain accompanied by vomiting, attacks of diarrhea, "intestinal crises," attacks of very severe dyspnea; the so-called laryngeal crises, consisting of a spasm of the glottis and producing extreme suffocation; the renal crises, consisting of pain like renal colic; the urethral crises, or the clitorian crises in women, all of which need no further deecription.

The urinary apparatus is affected early in tabes. The difficulty in starting the urinary flow and the inability to completely evacuate the bladder are marked. Partial or incomplete incontinence is met with, and the dribbling of the same is characteristic of the disease. In connection with this we must also note more or less impotence and loss of sexual appetite. Impotence may be a very early symptom, and for this reason be the very first cause of your patient consulting you. The genital organs in tabes of both sexes seem to have painful crises of frequent occurrence, and are often not receiving the attention they deserve as symptoms. The impaired function of the bladder and bowels is due to anesthesia of the mucous membrane of these organs, as well as to functional perversion of the sympathetic nerve supply and hypotonia.

When speaking of the lost reflexes I should have mentioned that in some stages of the disease the reflexes may be called forth again by striking the patella tendon at the same time when the patient performs some muscular action, such as squeezing the eyelids tightly together or gripping one hand with the other, reinforced reflexes, Jendrusseck's phenomenon.

All of the above descriptions could be, should I desire to be very scientific, divided into the first stage, the second or ataxic stage, and the third or paralytic stage, but it is really not necessary. The thing that counts is to diagnose the disease, and this, I think, is not a very difficult matter. There are some conditions—rheumatic, neuralgic affections of the lower extremities (sciatic)—which, if they are bilateral, may resemble tabes; but neuralgias are mostly unilateral, and the condition of the tendon reflexes, examination of the eyes will establish the right diagnosis. Spinal neurasthenia, with its sensitive vertebræ, may be mistaken for tabes, but the tendon reflexes are retained or even increased, the pupils react normally, and no sign of ataxia is to be found.

Multiple sclerosis is a little harder to differentiate, as many of the tabetic signs may be present, and yet even then certain symptoms not belonging to tabes are found. We must pay attention to the intention tremor, the disturbance in speech, which are very characteristic, but not of tabes.

Multiple neuritis differs from tabes in the early development of motor paralysis and tenderness of nerve trunks.

Cerebellar disease has many symptoms not found in tabes; the gait differs, resembling that of a drunken man, and not an ataxic gait. General paresis may be associated with tabes, but the marked mental and physical

signs which are so distinctive of paresis (see my article on dementia paralytica) will lead you to a proper diagnosis.

I believe I can dispose of the prognosis in a few words: Recovery in a complete sense of the word is somewhat doubtful, but we can do a great deal.

Treatment.—In treating the above it stands to reason that if your Wassermann test shows positive results, that a vigorous antisyphilitic treatment must be instituted at once and kept up for months to come. In this connection I do not rely upon the salicylate of mercury alone, nor on sodium cacodylate, nor upon salvarsan, but combine with my antisyphilitic treatment such remedies as iris, cascara, amarga, stillingia and echinacea. In many of my cases I find it necessary to prescribe podophyllum, leptandra, dioscorea, according to indications. In many cases, especially those where in your opinion mercury is not indicated, I give arsenic iodide, nitrate of silver, sodi-glycerin, and lime and soda. Strychnine may be given, but in very small doses. The question, if tabes is ever cured, is one that can not be answered. It may be argued pro and con. My personal experience with cases of tabes has been a rather disappointing one. The cases have improved—no doubt of that. But can I honestly say that I ever cured them. I doubt it.

I have not much to say about the use of iodides, which are so lauded by many neurologists. In my hands they have proved to be of little value. Look out for the general health of your tabetic patients, and adopt such means as will tend to improve the same. Outdoor life, if possible. Prohibit alcohol and tobacco and regulate the sexual indulgence. Electricity and massage may be given, and mild exercises may be laid out for each individual case. The lancinating pains will require attention. I have no faith in the coal tar products. I employ physostigma internally, give warm baths, and wrap the limbs in flannels wrung out of hot water in which I mix some capsicum. The rest cure and massage have their places, but as to suspension treatment, I avoid it all I possibly can; one or two experiences with the same were enough.

In conclusion, let me say this: Guard if possible against cystitis. Tabetic joints are best let alone. Blisters and cautery are a waste of time. In general, build up and support your patient. The disease is progressive and your troubles are many.

DISCUSSION.

Dr. E. G. Sharp (Guthrie, Okla.): I especially agree with the statement that not every case of tabes is of syphilitic origin. I have gone on record that tabes is not necessarily a syphilitic disease, and it has seemed to me from my experience with a large number of cases in railroad men that tabes is a disease which passenger railroad conductors are especially susceptible to. This is due to the fact that a number of conductors who have been in the service for a long time have developed it, and I think it is caused by the movement of the train. For myself the treatment has been unsatisfactory, the recovery slow, and I might almost add, rare.

Dr. D. E. Saxton (Tampa, Fla.): Listening to this valuable paper on this disease reminds me of influenza—we don't know anything about it, and we don't know where or how we get it. To diagnose a case of tabes is somewhat difficult, but the principal thing is to know how to treat it. We have

hunted for a name for the disease and the cause of the disease, but the main thing is to know how to treat the disease. That is the thing for us to study.

DR. S. L. KATZOFF (Bridgeport, Conn.): In what occupation did you find the most cases of tabes?

DR. H. E. VITOU (South Bend, Ind.): In using dioscorea, do you use it simply for neuralgic pains?

DR. T. D. ADLERMAN: As to occupation, I can not say that tabes occurred in one more than another. I have seen tabes in doctors, preachers, lawyers, and the common mass of the people. The theory advanced by Dr. Sharp in regard to conductors I can not answer, as I have not had a single conductor. Personally, I think this might be the case if the vibration of the train was sufficient to cause a lesion of the spine. This would bear out my theory that syphilis is not the only cause of tabes. I am somewhat doubtful whether a lesion from the vibration of the train would be sufficient to produe tabes; I would be more inclined to think the conductor might have a case of myelitis, which some may mistake for tabes. I am not reflecting on the diagnostic ability of Dr. Sharp, however.

In regard to Dr. Vitou's question, I give dioscorea in cases of gastric crisis and not for neuralgic pains. I find it a very good remedy for this condition. I do not use it for neuralgic pains.

THE PRIMARY ELEMENTS OF LIFE AS RELATED TO HEALTH AND DISEASE; WITH THE BASIC ATTRIBUTES OF OUR CREATION—REVIEWED FROM A SCIENTIFIC AND MEDICAL STANDPOINT.

W. E. JURDAN, M.D., EAU CLAIRE, WIS.

I would make impressive the importance of a thorough knowledge of the agents we employ, whether instruments in surgery or medicines in practice. Better, when life is in jeopardy, stick to instruments that by familiar use we have become expert in handling. Better confine ourselves to such medicines the therapeutic action of which we know by heart, than experiment with medicinal agents which we only half know, and the half which we think we know we have obtained from ephemeral and often chimerical "highly recommended," so-called "authoritative medical literature." Better employ trustworthy and sure remedies than to take chances with the lives of those who trust in us, who rely on us, and have a right to demand our own personal knowledge and skill.

New, vaunted remedies and obscure old ones from the classics, from the books, from the colleges, may have wonderful efficiency in the hands of those who by continued experience with them have learned all their peculiar and eccentric activities as well as their kindly virtues.

We electics eclect, select, stand on our own individual judgment, the "Ego" of our own conscience; the stubborn Andrew Jackson in us, that waves aside all kindly advice, all would-be experimentation; all arguments pro and con; calling up our true manhood to assert and rely on what we ourselves do know. Every Eclectic doctor who has been in practice ten years has become a "school of medicine"; he is guided by his own individual

judgment, experience and skill. This is why we are Eclectics, because we are free and we carry, single-handed and alone, each a personal weight of responsibility. We do not seek to evade consequences when we meet unknown, unknowable, unexpected reverses, defeat and disaster; we do not throw the blame on colleges, on books, or on literature, but stand manfully on our own personality, feeling and asserting only that we did the best we knew how.

If we paralyze or kill a patient with antitoxin, the tombstone is at our door. If our patient dies from salvarsan, the cross is in our yard.

A careless, deep incision with the scalpel in paracentesis of the pericardium; excising a dangerous aneurism for a fibroid; mistaking an extra Fallopian or normal conception for a cyst; leaving needles or sponges in the abdominal cavity, and blunders in ovariotomy, gallstones, appendicitis, tracheotomy, etc., are not as a rule laid to the door of Eclectic doctors.

Eclectic doctors make a thorough scientific examination, explore every part, fiber and tissue, learn absolutely every normal and abnormal physiological condition; every caution taken, every possibility weighed and measured; the surgical procedure is performed mentally, every line drawn, every emergency encountered and provided for prior to anesthetics and prior to the knife. And so in medicine we each stand on our own responsibility, rely on our own judgment, fortified by self-reliant experience and skill. We are chained to no dogma, bound to no set rules of action, no chimerical theories, changing fads or formulæ of others.

Permit me to refer to a few medicines to illustrate the importance of dabbling, where life is at stake, only with remedies that by personal experience we know, under all conditions, every phase of their therapeutic action.

Aconite is perhaps the most powerful arterial and heart sedative known to medical science. Its action seems to be by reflex through the nerves of the capillary system, exciting the cellular structure to exudation of morbid deposits; especially the capillaries of the skin, with reflex pressure against the blood circulation as a sedative and depressant of the heart. With this powerful sedative you can take hold of the heart, restrain its action, reduce the beating of the pulse, bringing it down 160 to 140, to 120, to 100, 80, 60, 40, 20, to syncope, stillness and death. But aconite is with many a panacea for most of the ills flesh is heir to, and it is often used and given in unknown strength of solutions and tinctures by persons having no knowledge of its therapeutic action. And I believe I have known of sudden deaths caused by the administration of very small, even minute, doses of aconite. There are times and conditions of near syncope, low, weak, feeble heart action, when this depressant in any form, even weak dilutions, small doses, becomes a fatal poison. And yet aconite is one of the most tremendous levers to restrain fever and hold back the heart of any agent known to science, and in its proper place and time a curative agent with virtue to save life of tretremendous power and importance. It should be given only as indicated in feverish, high, hot and bounding conditions of the pulse.

You start with this powerful lever, perhaps in a typhoid case. I waive

here the whole subject of the proper treatment of typhoid fever, a disease in which during the early years of my practice I had a tremendous experience. I am discussing *only* the specific and eccentric, peculiar action of aconite. In the fever case at hand, you have weighed all the symptoms, analyzed all the conditions, and concluded to concentrate your fight on the burning heat, high fever, dry skin, the pulse, the heart, and you have selected as your Samson for the fight to save a life, Aconite. This you have resolved on pushing to its specific action. You start with this powerful depressant slowly, cautiously increasing the dose. Perchance it produces its most kindly effects, the skin moistens, a mild perspiration envelops the body, the fever subsides, the heart action slowly yet surely falling to normal.

In another case you are confronted with more desperate conditions of apparently fatal heat, and of palpitating pulse, the patient wild in delirium, with dry, tympanitic skin, cotton mouth and scabbed tongue, seems doomed; but the Eclectic doctor, in his vigilant, serene fight, increases cautiously his dose of aconite. No results. He continues slowly to increase the dose—no results. Dropping into his teaspoon of the mother tincture still increased doses—no results; nerve and courage, experience and judgment on the alert, he continues to give at measured intervals doses of aconite that under other conditions would be sufficient to destroy life. All at once and of a sudden, the tremendous power of the aconite, with its fulcrum and Samson leverage, has apparently stopped the action of the heart, the fever has gone; with damp, slimy skin, suspended breathing, comatose eyes, the patient is apparently dead or dying.

But the Eclectic doctor has used aconite before, he knows its every action and is prepared for every emergency. Ready on the table within quick reach of his hand is his trusty hypodermic, charged with strychnia or his favorite quick stimulant; also extracts and mixtures of capsicum, ammonia, ether, and more powerful than all, simple spirits of camphor. I say simple, yet I will say here that in my experience camphor is the quickest and most powerful stimulant known to science; a quick antidote for aconite poisoning; a tincture forced through the set jaws into the stomach, by massage and absorption through the skin, or hypodermically into the tissues; is quicker than strychnine, ether, ammonia or any other agent known. The Eclectic doctor has thrown and conquered the unruly heart, the fever has turned, the patient shows signs of life. With these two simple medicines you can play with the heart; if it rises too high, restrain its action; if it sinks too low, bring it back again.

These two medicines are both poisons; you can not poison with aconite only by reducing, lowering and finally stopping the action of the heart; you can not poison with camphor only by inducing fever, rapid pulse, palpitation, brain congestion, fits, heart-flutter and death.

Do not misunderstand me; I am not recommending these medicines for any disease; I am trying only to illustrate the importance of a thorough knowledge of the specific, eccentric or peculiar action of every medicine we assume to employ.

At our last meeting I was pleased with Dr. Quade's dissertation on the influenza. His first move was to clean the mucous membrane of the sticky, poisonous slime that surcharged the stomach, liver, bowels and other organs, using freely antibilious cathartics and following it up, along with other remedies, with small doses of quinine.

Years ago I practiced in districts where almost every living thing was shaking with "ague." Quinine alone would not break the fever, although many had ounce bottles setting on their tables and were taking it with their meals in enormous doses, causing deafness and other troubles. I found that in these cases fever and ague could be easily broken with small doses of quinine, but not until the system had been thoroughly cleaned of its yellow, green and sticky slime, and I often used drastic podophyllin in large doses combined with lobelia, carried to all-night catharsis and emesis, followed with small doses of quinine combined with capsicum.

The late epidemic of influenza was very similar to fever and ague, and the belated after-sequels were much the same. I class them together with other malarial, miasmatic sicknesses. And the causes of such epidemics are very similar: Excessive and continued fogs; cloudy and damp air, which neither rose nor fell; the absence of clarifying electric storms; absence of heavy winds and purifying, washing, drenching rains, and more especially the absence and prolonged lack of sunshine.

As with the ague, so with the influenza. The whole earth and atmosphere seemed musty and sour; a noxious effluvia arose from protoplasm which coated stagnant water. You could smell it everywhere. The sidewalks were damp with slime, marshes and pools became coated with green and yellow scum, and the germination of malaria contaminated the whole atmosphere. But when electric, equinoxial storms came, with winds and washing rains, and, most important of all, when the sun came out after his long hiding, with his rays of orange, green, yellow, violet, blue and red, radium and helium rays, cathode rays, Hertzian rays, X-rays, and infinite cords and strands to his sweeping, magnetic, electric whip, both influenza and ague were gone.

There is life and death in every ray of his light. At his touch and glance infusoria, insectivia, animalcula, miasm, malaria, poisonous germs of every description wither and die. When he, the king of life and light, comes forth the cheer and smile of health leap to his embrace; all miasmatic diseases are gone, save only in their belated after-effects.

Poliomyelitis was as bad a scourge in my early practice of forty years ago as it is today. I have had experiences in almost every form of epidemic diseases; the fearful putrid sore throat, black measles, spotted fever, scarlet fever, diphtheritic croup; and during my early years of practice in the city of Chicago, following the great fires of 1871, I had a great experience fighting cholera, which prevailed mainly in the low, flat, suburban, brickyard and stockyard districts.

I have had experience in epidemics of smallpox, pneumonia, erysipelas, chickenpox, measles—and my observation has been that they all, without exception, have always come when atmospheric conditions, local or general,

were simlar to the late epidemic. I have never known any severe epidemic of any disease, whether in summer or winter, to come during the intervals between downpour and cloudburst of lightning and storm and intervening bright sunshine. All epidemic diseases fade fast and are gone when the sun assumes his function and sets, monarch of earth and sky, diffusing light and life from his car and cortege of crimson and gold.

I had to smile some time ago on reading an item in a village newspaper concerning the appearance and first cases of influenza, expressing alarm and describing how the "flu bug" had probably been brought into town on the back of some new arrival. There is truth in the "flu bug' theory, but its breeding place is in protoplastic scum, slime and filth of decay and putrefaction; under fogs and clouds, in the mould of a surcharged, damp and dismal atmosphere.

The old atom theory of matter, the dead, inert material out of which creation was supposed to have been molded, in the light of modern research and logic stands completely refuted. It is now proven that the atom consists alone of an infinity of attributes and properties, individuality and self-existent consciousness.

The Christian conception of matter is the only solid ground; attributes, principles and laws underlying creation; as expressed by St. John, "In the beginning was the Word and the Word was with God, and the Word was God." The universe is a thought, its own thought, God's thought; every atom is a self-existent, conscious "ego," the antitype of its environments.

Spinoza, Carlyle, Emerson, Einstein and other great thinkers have proven that all existence is relative; that in the abstract, time and space have no reality save only as relative conceptions. Our whole existence is illusionary, created by the mirage of the human senses.

When we contemplate the tremendous, unexplored, bottomless pit of the atom, the unknown chasm, fathomless abyss beyond the limits of the most powerful microscope, the unsatisfied mind with telescopic vision attempts to magnify and bring near, the imaginative possibilities in the remote depths where environed consciousness is reality, where dreams are true, where thought creates. As proclaimed by Sir Oliver Lodge, England's great scientist, "a universe of inhabited worlds may underly every atom."

As in Satan's address to his legions: "Princes, potentates, warriors, the flower of Heaven once yours, now lost." I am quoting from the inspired and immortal Milton, "Know ye not, thought, mind, can create a Hell out of Heaven; thought, mind, can create a Heaven out of Hell?"

"German speculative philosophy" is very little comprehended in America, even by our great scholars, the American mind being more emotional, poetic, inventive, commercial and practical. But the patient, slow, sure logic of German scholarship, in the writings of Kant, Hegel, Fichte, Schroegler—the greatest thinkers on this subject the world has ever known, have built up a science of thought, and of a thought creation, as positive and sure as Euclid's geometry, making clear the thought panorama of the universe without, and the thought panorama of the universe within—the objective and

the subjective. But this thought is too tremendous for more than a passing reference. Every iota of the universe is environed and sustained by its own consciousness, is of itself a universe of its own reality. The infinitude of God's vast creation is hidden from our ken; we are limited by our senses to this earthly, illusionary home, "Probationers here on the bounties of an hour."

Returning to the consideration of the atom: I do not mean Orion nor the Pleiades, stellar atoms that speak to our vision in the night; "Orion sloping slowly to the west," "Pleiades rising through the mellow shade," that "glitter like a swarm of fireflies tangled in a silver braid." I do not mean the atom we call the Sun, that porch lamp of God, lighting the way to an infinity, boundless in the mind. I refer to the infinitesimal points beyond the reach of the microscope, as unknowable to our senses, save by their properties and manifestations, as the remotest stars.

Spectroscopic analysis discovers no difference in the composition of a globule of our life's blood and the chemical elements which constitute a remote sun. Professor Tyndall, from the isle of Goldsmith and O'Connell, the Irish scientist, has proven that the air we breathe, which had been regarded as a pure oxygenous compound, is no better than a moving sea of extremely minute particles; they constitute the primary life spark which vitalizes all protoplasm and causes it to develop according to its nature and environments infinitesimal forms of life. Thus the very motes in the sunbeam and nucleated centers of air become stippling points of life to plastic nourishing substances, ready for transformation into globules of our blood, or ready to assume other forms of life, becoming the malaria of disease, the germs of contagion, the animalcula of fermentation, the mould of decay or the maggot of corruption.

Chemistry affirms that atoms of matter possess certain molecular forces, repelling or attracting each other, and that chemically united they assume certain unerring geometric forms and positions in reference to other atoms. It is this that causes the atom to unite with other atoms in a prescribed manner, compelling crystallization to assume fixed and definite forms. It is this law which builds up the snowflake with such unerring exactness, frostwork on the window, stalactites hanging in indescribable variety of richness and beauty. It is this law which builds up the framework of all vegetable and animal life.

How living the instincts of atoms, how intelligent their activities as each takes its place in a prescribed manner and acts its part in reference to other atoms! The affinities of atoms for unlike atoms are often stronger than for their own. Oil will leave its own companionship to mix with an alkali, and carbon leaps with terrific force, as in breathing or in fire, to find its equivalent of oxygen. How closely these living, moving, intelligent activities correspond and compare with the intelligences we call humanity. How similar to the movements and activities of the astronomical constellations, chained together each to each in the round of their tremendous orbits.

Propagation of arrangement in atoms depends upon ancestry, and it is as

difficult to produce crystals without seed as to produce life without eggs. This law of parentage extends down and through the whole domain of nature to the bottom of the crudest chemistry; it is the initial arrangement which determines the arrangement of the whole.

Scientists have adopted the word protoplasm as a generic name for Nature's first fundamental formation out of the elements of a substance possessing the primary groundwork, the initial serum, mucus, jelly and mother of all life. This substance in various forms develops spontaneously wherever conditions are ripe for its formation. To quote Huxley: "Oxygen and nitrogen unite in given proportions to form air. Oxygen and hydrogen unite in given proportions to form water. Oxygen and carbon unite in given proportions to form carbonic acid. Nitrogen and hydrogen unite in given proportions to form ammonia." "When these compounds—water, air, ammonia and carbonic acid—unite in given proportions, it gives rise to protoplasm, a substance manifesting the phenomena of life." It is protoplasm that produces the greasy feel at the bottom of stagnant water and floats often on its surface.

Protoplasm or mioplasm is the fundamental beginning and base of life—the mother-of-vinegar, the white and yolk of the egg, the corpuscles of our life's blood—the clay of the potter out of which all life is moulded and the primary plasma from which ovums or germs of all life spring.

Nature's abundant formation and spontaneous production of protoplasm is not only the foundation, commencement and base of all life, but from protoplasm in its countless forms and combinations is born and perpetuated all epidemic diseases. Happy for us that not all the infusoria, insectivia and germs of life, springing out of this protoplasm, are destructive to man. With such ova we leaven our bread and feed on its kindly forms for our very life. But nature continuously evolves her vicious, malevolent forms, giving rise to epidemic diseases.

Our expert medical corps, in charge of the Health Department at the building of the Panama Canal, not only cleaned and disinfected the country, but poisoned and buried the protoplasm of all malaria by covering every wet, damp and slimy spot with petroleum, preventing the evolution of wigglers from the protoplasm of the waters, aborting before birth mosquitoes, eliminating yellow fever and other insectivious, miasmatic and malarial diseases.

I am proud of our Wisconsin State Board of Health. They have been alive and alert to the dangerous nature of protoplasm, preventing as far as possible the broadcast sowing of infectious and epidemic diseases; striking at the slimy protoplasm of public drinking cups, the poisonous exudation of sputum and plasma from nose, stomach and lungs, with its possible germs of deadly disease.

A task more complicated and of greater difficulty to our State Board of Health, and at present perhaps beyond the reach of the most alert science, is the prevention of that infectious protoplasm which develops spontaneously in damp, cloudy conditons of the atmosphere, spreading its germ life with

the poison of deadly epidemic disease over all the landscape, contaminating a surface of ice and snow, diffusing its effluvia through the whole atmosphere.

The protoplasmic life of disease may lie dormant in the dust and dirt of dry times, springing to malevolent activity when inhaled or imbibed into the system, evolving poliomyelitis, tuberculosis, cancer or other diseases. Our Wisconsin State Board of Health has set the pace and taken the lead of all the States in the importance of cleanliness, disinfection, pure water and food, and the protection of the public health by every reasonable means.

Turning again from protoplasm to the atom, we must regard it as a thing of life, activity, consciousness and the home of benevolent or malevolent intelligence. Students of electricity tell us that the atom finally dissolves itself into an infinity of immaterial parts and activities, which they have named electrons, and scientists assert that these electrons have axial and orbital motions similar to the motions of astronomical bodies, wheeling in their orbits around a central nucleus.

Professor Einstein of Prague University has recently demonstrated to the satisfaction of astronomers that light travels, not in straight lines, as has been assumed, but in tremendous parabolas, ellipses and circles, arriving at last at the point of departure. So with the revolving rays and aura around the nuclei of electrons.

Professor Sody of Oxford University has gone deep into the subject of atomic electrons; has classified and given names to dissimilar electrons, using not the Latin but the Greek alphabet, and speaks of alpha electrons, as distinct from beta electrons, and ceta, eta, theta, iota, kapa, mu, through epsilon to omega electrons; classifying all matter according to the manifestations of its electrons and the streaming rays they throw out, like the foculi of the sun, heloneum, magnetic or radium rays; asserting that the basis of all materiality is electricity, and that gold, silver, water, air and all elements differ only in the arrangement and type of their electrons.

All this may be true, but here with the microscope, as with the telescope, we have enlarged the circle of the unknown and are brought face to face with a still greater mystery. Assuming that electricity is the one universal element out of which all concrete existence arises, what is electricity? What is this complex, mysterious, underlying element that knows neither time nor space, by the medium of which we speak through and around the globe? Marconi, Edison and Tesla think it not improbable that other inhabited worlds are even now sending us messages, caught by the at present unmeaning thumpings of the "wireless" from tremendous distances. And like the patience and perserverance of the scholars who by long research finally deciphered the hieroglyphic letterings and restored the meaning to Egypt's lost language, may soon unravel a code and key of interplanetary communication.

What is this mysterious electricity, radium, helium, magnetism, of such tremendous possibilities, an element that annihilates both time and space, which proclaims that what had been regarded as nearest to a vacuum, the ether of space, becomes the nearest solid and our copper and steel its most

open door? What is this mysterious electricity that breaks into our sleeping dreams of life with its thunders—that jars through the folds and crevices of our creation with its lightnings? Possibly we are touching the robe of the Omniscient, the hem of the Infinite garment, peering into the ocean of eternal life, looking "through a glass darkly," awed by the hidden spirit of the tornado, cyclone, lightning and mysterious sparks of power which break in and jar against our illusionary dream of life. Perhaps we are within an inner shell of creation, within the lining, wrapped around with the placenta and scenic panorama of nature and the umbilical cord of the human senses. Possibly we are embryos of evolving thought in this womb of nature, in this earthly egg of the universe, limited to a narrow and inner mirage of creation, and in these mysterious electric manifestations catch a glimpse of the realms of real existence, when we throw off this chrysalis shell with this present illusionary dream of life, and enter by pain, throes and convulsions into that promised, new, tremendous birth" which eye hath not seen nor ear heard, nor hath it entered into the heart of man to conceive."

When we contemplate the inexplicable phenomena of light, can we regard it as other than an expression of the Infinite consciousness, the searching glance of Divine thought? To quote the near first opening declaration from the Book of Books, bringing out from darkness and a formless void the first skeleton lines of a future creation, "God said, let there be light, and there was light," as the first product and visible form of electricity, the geometrical crossings of its many colored rays, like all crystal formations, came the successive steps in the order and aeons of creation. A later declaration, "God is light," and still another, "His Word runneth very swiftly."

Perhaps we are getting faint glimpses, like Moses from Nebo's mountain, and are dazzled by the incomprehensible glare of the outer, infinite creation where time and space are no more. And we tremble at the unknowable plunge we all must make into a promised kingdom—a wider, higher, happier, eternal creation beyond this trial school and vale of tears.

Knowing that science in the fullness and finality of research proclaims eternity and immortality. "Eternity, thou pleasing, dreadful thought." Faith holds aloft a still brighter lamp. In the beautiful language of the blind chaplain at Washington—

"The stars shine over the earth,
The stars shine over the sea,
The stars look up to the mighty God,
The stars look down on me;
The stars have lived a million years—
A million years and a day;
But God and I shall live and love
When the stars have passed away."

Brothers, forgive me if I have digressed from the set routine of surgical and medical subjects. I contracted the habit in boyhood during my early schooldays at Kent's Hill, Maine, Wesleyan College and in the University

Department of Harvard College. And a life since devoted to the study, science and practice of medicine and surgery has impressed on me more deeply the interrelation of life and death. And while we fight sickness and suffering in its physical forms, living in the atmosphere and facing the terrors of our profession, we can in the near language of Bryant's Thanatopsis.

"So live that when the summons comes
To join the innumerable caravan that moves to the pale realms of shade,
We go not like the quarry slave scourged to his dungeon;
But soothed and sustained by an unfaltering trust
Approach the grave like one who wraps the mantle of his couch around him
And lies down to pleasant dreams."

PSYCHIATRY.

Benj. E. Dawson, M.D., Kansas City, Mo.

Visualized from any viewpoint, commercial, economic, sociological or human, there is no more important phase of humanity than insanity in all its forms. It touches life at every point, leaving a dark smudge of grief and anxiety. Its increase, as shown by statistics, beyond the strides of population, serves to enhance our interest. The care and treatment of mental diseases presents a problem the solution of which is teasing to perplexity the keenest scientific and philanthropic minds of the age.

Much gratifying progress has been made in the last few decades in housing, caring for and treating this unfortunate class of individuals. Many of the most recent institutions contain out-patient departments, social service staff, observation private rooms, observation wards, baths, equipage for the various forms of hydro and mechano-therapeutics, X-ray work, laboratories, solarium, roof garden, etc. To employment is added amusement, including theaters, concerts, music and games. In some institutions they have the cottage system, using groups of small, detached buildings, thus separating patients into small, classified groups.

This improvement, this wonderful advance, of the last generation or so, is a matter of congratulation and much pride; but when we contemplate the therapeutic measures, view closely the real curative results, we must acknowledge their inadequacy; we have no cause for pride, we are humiliated. In this field of psychiatry there is a wonderful harvest for him who enters with sickle in a hand that is guided by the laws of reflexes and metastases. If alienists would study these laws more closely, relative to the various forms of mental derangement, it would greatly clear the therapeutic sky and reveal the guiding star whereby they could set their compass along the line of success. This statement is not a vagary, but is based upon the strong confirmation of experence and observation.

Statistics, collated by those whose hands were guided by the laws named in the preceding paragraph, show conclusively that 75 per cent. of all cases

of functional insanity can be cured by this procedure. To simplify this matter the following statements are made:

1. In functional insanity (insanity not caused by traumatism, tumor, abscess, etc.) autopsies show no brain lesion. That is, the brain of the insane is not different from the brain of the sane.

2. This proves the psychopathy to be reflex or metastatic, which should lead us to look elsewhere for its cause.

3. Examination of every case of functional psychosis will reveal excuse for sympathetic nerve waste in the pelvic organs or lower openings of the body.

4. Pathology in tissues supplied by the sympathetic nerves is manifested by distorted function, while pathology in tissues dominated by the cerebro-spinal is told in the language of pain.

5. We need not look for gross pathology as an etiologic factor in functional psychoses; if caused by this, it is metastasis, the gross pathology has moved upstairs before symptoms of insanity make their appearance. It is the fine, obscure pathology that sends up disastrous reflexes.

6. All the lower openings of the body—the anus, meatus, vagina, uterine cervix—are doubly sphincter guarded; the outer sphincter muscle, being voluntary, is supplied by the cerebro-spinal system, while the internal is involuntary and supplied by the sympathetic.

7. Impingement of sympathetic nerve terminals in the lower orifices or in the pelvic organs, uncomplained of and unobserved, may send up the most disastrous reflexes along the line of least resistance, speaking in disordered function by whatever organ is reached. The functional disturbance may not be in proportion to the extent of nerve impingement. A little spark may kindle a great fire; one instrument out of tune may break the harmony of a large orchestra; a pin, held on an electric push-button, may arouse a large number of guests at the dead hour of night. So, a seemingly insignificant little papilla or pocket in the rectum, a taut sphincter, a small meatus, a long, redundant or constricted prepuce, a short frenum, cicatricial tissue in the rectum from previous hemorrhoids, especially where left from or the result of unskilled operative precedure, cicatricial tissue in a lacerated cervix, more frequently where there has been spontaneous union, etc., constantly impinging a sympathtic nerve terminal, may disrupt the peace and harmony of any or all the members of the family household. Reflexes arise more from atrophy than hypertrophy. They may also emanate from adhesions in the abdominal or pelvic cavity.

8. All bodily commerce, except a little chemism, is carried on through tubes. Every organ in the body, from the small hair follicle or sebaceous gland to the alimentary canal, is a tube or made up of tubes. The liver, kidneys, pancreas, spleen, sexual organs, *et cetera,* are tubes. We were begotten through a tube, nourished in a tube, born through a tube, take all food and eliminate through tubes.

9. All tubes are surrounded by a middle coat of involuntary muscle, therefore dominated by the sympathetic nervous system. All organs func-

tionate by rhythm—dilatation and contraction—some at regular intervals, as the heart, lungs and ovaries, while others act from sensation.

10. The center of the sympathetic nervous system is the abdominal brain (solar plexus). This brain has afferent and efferent nerves; it receives, reorganizes and emits messages or impulses. Unlike the cephalic brain, it never sleeps, never rests, except between rhythms. It is the first part to take on life and the last part to give it up. It is not under the will-power. The functions of nutrition, absorption, secretion, excretion, ovulation, fecundation, gestation and parturition are all in obedience to its mandates. This brain should elicit our profound respect. It takes bread, meat and potatoes and makes blood therefrom. It takes this blood and builds a body, with all its intricate and wonderful parts. No chemist on earth can do these things. While it is in many respects independent of the cerebro-spinal system, it joins hands and works in harmony with it. All the "I wants" of the soul well up into consciousness from the sympathetic system. It is the home of the subconscious mind, where the Ego dwells, from whence emanate love, hate, philanthropy, envy, benevolence, jealousy—all the emotions.

11. The muscular coat surrounding the tubes through which the blood circulates is supplied by both nervous systems, thereby making an exception, as all other tubes are under the domain of the sympathetic only. The pre-eminent importance of the blood stream demands the vasomotor system. The blood stream spreads the banquet table before the tissues and invites them to partake of the bountiful supply. It cleans up the dishes and takes away the dish-water. It cures all diseases, heals all sores, repairs all wounds, produces growth and sustains life.

12. An increased blood supply to any organ will stimulate or invite function in that organ. On account of the dual nervous supply to the blood vessels, any organ can be elicited to functionate by either external irritation or internal emotion; there is no exception to this rule.

When amplified and thoroughly digested, the preceding statements give us a wonderful index to the indicated therapeutic procedure in the various forms of neuroses and psychoses. And yet many of our most noted alienists fail to recognize these reflexes in the syndrome of psychosis unless there be gross pathology which elicits complaint from the patient, or plainly objective.

To illustrate, take a case of lacerated cervix. The progress to its ultimate result is usually slow and gradual. The irritation reaches the abdominal brain by way of the ovarian and hypogastric plexuses. The abdominal brain receives this reflex irritation and sends it out, usually to the enteron, where it may so stimulate Auerbach's plexuses in the intestinal wall as to produce colic or go to Meissner's plexuses, causing hypo-, hyper- or disproportionate secretion, resulting in the development of gases or diarrhea. A lacerated cervix passes through five stages, extending over a period of five years. The first stage is irritation, resulting more from an infected endometrium than from the laceration. The second stage is indigestion, brought on by the long continued irritation, reflexed to the enteron as just explained.

The third stage is malnutrition. Anemia is the fourth stage, induced by the preceding stage. The fifth and last stage is neurosis or psychosis.

Another illustration, familiar to orificialists, is where the hood over the clitoris is too redundant, too tight or adherent, frequently retaining putrid smegma. This condition has obtained from birth, growing worse with age. Here there is a constant nagging at the sexual center, sympathetic nerve waste going on day and night. The sexual passion is often teased beyond control, or exhausted, and the woman becomes frigid. These patients weep much or become cranky, can't tell what ails them, have cold hands and feet. The reflexes travel the same line as in laceration.

To further illustrate the potency of this therapeutic measure a few cases selected from the many are here reported.

Case One: Miss M., twenty years of age; dementia precox. This case was diagnosed "softening of the brain" by the family physician and was placed in a private asylum. After some time she was returned home to die, as incurable but harmless. From a beautiful girl of 140 pounds she had gone down to about 70, with but little resemblance to a human being, looking more like an Egyptian mummy. There was little left of body or mind. She recognized no one, spoke to no one; her mental condition was about zero. The indicated orificial surgery—circumcision, all the lower orifices smoothed up, so as to leave the sympathetic nerve terminals unembarrassed, was performed. She began to improve and was soon completely recovered. This was some fourteen years since, and there has been no relapse.

Case Two: Mr. P., twenty-six years of age. From a pleasant, kind, indulgent husband and father, he first became irritable, then cranky, developing an ugly disposition, with homicidal tendencies toward those whom he formerly loved, especially his wife and child. Examination revealed a rather long prepuce, somewhat constricted and short frenum. There was no other pathological manifestation; there had been no pain or complaint from the patient. A few pockets were found in the rectum, closely hugged in the grasp of constricted sphincters. He was circumcised, the frenum elongated, the rectum dilated and the pockets removed. The result was all that could be desired. The clouds rolled back, the sun shone brightly and the situation was promptly and completely cleared. The situation has remained clear for more than a decade, with no indication of clouds appearing on the horizon.

Case Three: Miss G., twenty-eight years of age, school teacher on the Pacific coast. She began to manifest peculiar actions and say queer things, which increased until she had to be confined in a private asylum, at times in a padded cell or straightjacket. As no hope was given by the alienists in charge, she was taken from this institution and placed in charge of a competent orificialist. Upon examination he found the sexual organs and all the lower openings in a pale, hard, atrophic condition. The uterus was small and hard, like a pipe stem. The indicated orificial correction was made, including hysterectomy, so as to relieve from impingement all sympathetic nerve terminals in the pelvic organs and orifices. She came from under the anesthetic 100 per cent. mentally, and has remained so up to the present time,

nearly five years. She has been teaching in the same school since her recovery. A copy of the record of her case in this asylum was secured and shows the diagnosis, dementia precox, gradually growing worse, with unfavorable prognosis.

Case Four: Miss H., seventeen years of age, a high school girl. Began falling behind in her studies, growing generally dissatisfied with exerything. Both suicidal and homicidal tendencies soon developed. Counsel gave an unfavorable diagnosis. Upon examination a broken coccyx, with ligamentous union, a badly retroverted uterus, firmly adherent, a hood adhered to the clitoris, a serrated hymen, elongated nymphæ and rectal pockets were found. Inquiry elicited the information that she sustained a fall four years before this time, the buttocks striking the hard pavement with great force. Laparotomy revealed adhesions at the ileocecal valve and the appendix pointing north, closely adhered to the cecum. The adhesions were broken up, the appendix removed, the round ligaments shortened, circumcised, hymen trimmed, labia minora excised and the rectum attended to. This girl made a complete recovery to the normal, is now married and the mother of two healthy, robust children.

Many, very many, similar cases could be reported, but these will suffice to illuminate the orificial thought in this therapeutic field. The names and addresses of these patients can be given to corroborate the above reports.

NOVOCAINE ANESTHESIA IN MINOR SURGERY.

James Howard Heacock, M.D., New York City.

My aim tonight is to show up the merits of one of the best drugs known in the surgical field today. As we all know, it is used extensively and has been used in major work, until at the present writing novocaine hernias and appendices are almost as common as varicoceles by the same infiltration nerve-blocking method.

But how many physicians tell me, day after day, that they are at a loss to open a boil or an abscess, or in fact any infection, without pain. The cocaine solution formerly used, one-half of one per cent., proved disastrous in many instances, and though a correct technique was used, a bad heart went worse from its absorption. To obtain a safe local anesthetic has been the purpose of the profession for years, and the result of thousands of experimentations is the happy end-product novocaine or procaine—so called on this side of the ocean.

At St. Mary's Hospital we used a 2 per cent. novocaine solution almost exclusively, but later on in using a ½ per cent. solution I found that it answers all purposes and with much less danger attached to its administration. To open a boil or an abscess, to remove a scar after laceration, to take a broken needle lodged in a finger, to remove a chip of wood from the palm of the hand, to incise and resect the distal phalanx of the finger or thumb, and the like, without pain, is a science in itself.

Most generally you have a nervous individual, and often a woman, to deal with; most frequently it is a nervous, excitable person who is hurt and not the level-headed and strong. Industrial statistics show that fact.

Case 1: I had some months ago a Mrs. T., a very nervous woman who was working in a laundry on the lower west side, on a collar machine as ironer, when she caught the index finger between the presser and the ironing plate, completely splitting the nail and injuring the nail bed. The patient was nervous and I could not do anything the day of the injury but apply a wet dressing of aluminum acetate and send her home to return the next day, which she did. By this time she had mustered up enough courage for me to attempt the case. I assured her that it would be done without pain except the feeling of the first prick of the hypodermic needle.

The first procedure was to puncture the skin over the middle of the dorsum of the second phalanx, intracuticular infiltrating novocaine solution superficially, then later plunging my needle deep in to block the nerves on both sides of the bone where the nerves lie in close proximity with the deep structures. One ordinarily should wait twelve minutes, but that is not necessary. I find in my daily work with proper technique you can proceed to cut almost immediately and save time.

The area infiltrated becomes whitish in appearance and blanched, and in fact in about one minute the whole end of the finger will become numb and dead, with at times a tingling up the arm. The patient will perspire beads of perspiration on the face, which is due more to the psychic nervousness than otherwise. About two hours after this method the patient feels nausea, which may be due to the nervousness or slight absorption of the drug. Very few patients of mine have even expressed this symptom after the infiltration of one to two ounces of a one-half per cent. solution.

I have opened about two or three hundred abscesses and also used it in every character of infection from ingrown toe nail to wrist infections, with excellent results. A patient will often explain to his friends that the old method of a quick jab with a sharp knife can be avoided, and it is not believed unless the party goes through it himself.

The other day a physician from Brooklyn told me that he could use ethyl chloride and do better work than with novocaine, and when I informed him that I was opening abscesses every day with novocaine he could not believe it. A nurse of his had several abscesses. The first two he opened with novocaine and she suffered more pain than with the ethyl chloride used subsequently, so said the nurse, and she ought to know when she had the abscesses. Of course, in this case the technique was not complete, for I know from my experience it can be done with novocaine painlessly. I am not criticising any man's methods, but personally I never had any use for ethyl chloride, which hardens your tissues and hinders the clean dissection necessary for thorough work. Freeing the edges of your wound after a crucial or single incision is of most importance for the furtherance of good healing.

The great secret in all infections where novocaine infiltration is indicated is to infiltrate in the healthy tissue and not try to block your nerves too close

to the infected area. For instance, to deal with a boil or abscess I start at the outer edge of the infected point and begin with intracuticular injections, never going beyond the injected area, so as to avoid pain in my work. After this superficial ring is complete, for novocaine does not reach beyond its point of injection, you then proceed to make deep stabs with your needle, thus completing the blocking system. If it is not done without pain after the first injection, your technique is not correct and your patient loses confidence; it shows you are in a hurry or have overstepped your previous infiltration, or that your syringe is leaking, with little fluid going into the tissues, or that you are too close to the pus pocket, allowing fluid to leak from there out through a fistulous opening in the skin surface, thus losing the effect altogether.

The great advantage of keeping well away from the infected mass is that you avoid distributing pus with each prick of the needle elsewhere. With a large cellulitic area to deal with in conjunction with the pus pocket, you must inject in the reddened area, but you can miss the pocket with ease.

It is important that one should know his anatomy and not plunge novocaine solution direct into a vein or artery of any size or consequence, as a phlebitis might develop, which is unpleasant and annoying.

Case 2: The satisfaction is great in certain cases. One instance occurs to me now. Only a few days ago I was called in on an infected foot case from nail puncture wound in sole of foot, the nail going through the sole of the shoe first. Tetanus antitoxin, 1,500 units, had been given previously. It was gratifying to me to find that I had novocaine with me in my pocket. I made up a one-half per cent. solution and boiled it, then infiltrated the ball of foot thoroughly, making a crucial incision to free pus pocket; I used a curette for the slough and applied drainage without pain further than the first prick of the needle, which means no more than the puncture of doing a Schick test for diphtheria susceptibility.

Novocaine powders of five grains each are the handiest to carry around with you, each powder making two ounces of the solution. Tablets of procaine of various sizes are also available, Merck's being the most reliable, and some men prefer them to the powders, which dissolve more readily.

The case I have just cited told me when I had finished that his appendix was removed with novocaine anesthesia during his service in the army because of a weakened cardiac condition. The surgeon had done 138 majors and his was the 139th under a local. I was rather amused when he complimented my work, as he was not a novice at this sort of thing.

There are certain limitations; for instance, very large abscess cavities are almost impossible, as it is difficult to block all nerves leading to them, and further, it is difficult to get beneath the infected area, necessary to effect complete anesthesia. Case after case I could mention that makes the work so pleasing that it makes up for the few failures.

Many surgeons who do a great deal of industrial surgery work together, many times having one surgeon to give gas for just this character of cases. Not many can afford the convenience of gas anesthesia for the office surgery.

SOME NEW VIEWPOINTS REGARDING THE CAUSE AND TREATMENT OF DIABETES MELLITUS.

A. S. Horovitz, M.D., Cincinnati, O.

At the meeting of the National Eclectic Medical Association, in Chicago, June, 1919, I had the honor to bring to the attention of this eminent gathering the physiologic and biochemic action of certain plant derivatives not before employed in therapeutics. In this brief dissertation I wish to explain a new view regarding the conception of the cause of diabetes mellitus and its treatment with plant derivatives hitherto not employed in this disease.

"Correction of poor treatment is a necessary adjunct to the introduction of a better treatment." This sentence is true to a certain extent. However, when the underlying principle of a treatment is based on erroneous observation the whole treatment must be discarded as worthless and in fact dangerous. In the endless chain of diseases, not one is less misunderstood than diabetes. In no disease where the causative factor was known has a more untrue conception been taught than in diabetes, and we may say that general carelessness or ultra-conservatism played, and plays, an important part in this misconception and consequent wrong treatment of diabetes.

Diabetes is eminently chronic, and is due to the unequal distribution of sugar in the system. Some cases are left to go along until irreparable complications or fatal acidosis develop. All the older and newer methods of diabetic treatment are based erroneously on the so-called sugar free existence.

Janney states in his article in the *J. A. M. A.*, May 4, 1919, that "in spite of the recent important advances made in diabetic treatments by the studies of Allen, Joslin, Mosenthal and others, our profession at large has failed to profit."

I believe the conception of diabetes is erroneous, as the body of a diabetic does not contain comparatively more sugar than that of a normal one; in fact the tissues of the diabetic are poorer in sugar than the tissues of a normal individual. This last mentioned lack of sugar in the tissues is the cause of the atrophy of the muscles of a diabetic case, which atrophy is only aggravated through the so-called starvation treatment, and if this is carried on for a certain time irreparable damage is done, resulting in fatal acidosis and diabetic gangrene.

The quantity of sugar in a diabetic is confined to certain organs, consequently disturbing the whole metabolism. It is my belief that diabetes is caused by the prevention of osmosis of the sugar content of the chilus, chimus, blood and tissues. This phenomenon is caused by certain substance deposits in the different vessels which have the power or a special influence to prevent the osmosis of sugar from the vessels to the tissues, thus in a way depriving the tissues of necessary sugar content and causing accumulation of surplus sugar in the vessels. That the tissues of diabetic persons are poorer in sugar content than the tissues of a normal case is sufficient verification of this statement. My firm belief is that we are in a position to eliminate the

substances which prevent osmosis of sugar between the vessels and tissues and that diabetes will pass as a historical disease.

In looking for successful treatment to overcome diabetes we must discard traditional treatments, as the old type of diabetics and other well known methods are wanting. Instead of meeting the expectations of the medical profession, they frequently prove to be dangerous in the hands of the inexperienced.

It is not my intention to give a chronological history of the different diabetic treatments from the time of Galen (middle of eighteenth century), Dobson (1775), Rollo (1797), Chevruel (1815), Friedeman Gmeilin (1821), Von Stosch (1828), Koscmun (1874), Kutz (1876), etc. We know that the diabetic treatments today are based mainly upon dietetics. The mushroom growth of the fasting method and its ready adoption has done much harm. The latest and most advanced improvement in the treatment of diabetes was originated by Mosenthal and Harop. According to their findings, "the adoption of an equal number of calories of protein, fat or alcohol to a low caloric carbohydrate free diet in cases of diabetes mellitus results in the assimiliation of a considerable amount of nitrogen when the protein is used, a favorable nitrogen balance in only occasional instances with fat, and no change in the nitrogen equilibrium when alcohol is given. This would point to a high protein diet as the most advisable low calory-carbohydrate free diet by which to conserve the body tissues and furnish a maintenance ration for the diabetic."

These findings are the most marked approach to the correct treatment, but not in the way Mosenthal and Harop contemplated and explained. The real beneficial physiological and biochemic action of the protein feeding is based on the action of protein on the cytogenic mechanism, which indirectly tries to correct the disturbed metabolism. The proteins are cytogenic stimuli only, and are not sufficient for the task of overcoming diabetes. It is necessary to combine additional therapeutic principles with the proteins to accomplish the task of overcoming diabetes, and this medication should be given by the parenteral route.

The new treatment intended to overcome diabetes is the so-called proteogen treatment. Before you will be able to understand the mode of action of this preparation, a short explanation of my concept of diabetes is necessary. The physiological disturbances in a diabetic body are caused by foreign substances undoubtedly belonging to the protein group. It is a well known fact that these substances differ from the substances which build up our normal body tissue in specific gravity. In this instance the specific gravity is higher than that of the normal ones, and they contain more inorganic matter than the normal molecules. This is observed in diabetes, arteriosclerosis, pernicious anemia. In diabetic cases these special foreign molecules have a chemical affinity to the tissues of the circulatory organs and are accumulated and deposited in these organs. Through their accumulation the normal osmosis of the sugar contents of the blood is gradually lowered and consequently the quantity of sugar increased. It is obvious that through

this phenomena the whole metabolism is disturbed and the body tissues, not receiving certain necessary food, commence to atrophy.

This is not a theory, but an established fact, which may be demonstrated by every interested practitioner upon diabetic and control dogs. This experiment will prove that the tissues of diabetic dogs are poorer in sugar than normal ones. Accepting this theory, the most important fact would be the solution of the removing and preventing the formation of the special high specific gravity substances which interfere with the normal sugar osmosis. All foreign substances which are built up of molecules of different specific gravity than normal molecules, come under the influence of our immunizing substances.

In cases of diabetes, however, this is too great a task for the immunizing mechanism, and help is required to accomplish this work. This help I believe to have been found in the special proteogen for diabetes. I have endeavored to prepare a preparation which will not only distribute the sugar equally all over the system, but neutralize the dangerous acidosis, which is the most dangerous factor in destroying the life of a diabetic sufferer.

Through the weakening influence of diabetes, various micro-organisms have a chance to call out their dangerous activity and hasten the destruction of the patient. The ingredients of proteogen (explained in "Proteogen Therapy") through their polyvalent action upon micro-organisms have the power to overcome indirectly the infections associated in some cases suffering from diabetes, and therefore the use of other therapeutic principles is unnecessary.

The following case reports will throw some light on the results and improvement which may be expected from the use of this new therapeutic principle:

April 18, 1919.—Enclosed find examination of a twenty-four hour specimen of urine, which shows no sugar or albumen. I have been testing my urine daily for the past week with the same results. Dr. Gill injected the twenty-seventh dose this afternoon.

May 19, 1919.—Enclosed find analysis of urine made April 30, which shows no sugar. I also had one made on May 16 by same people, and that is sugar free. They had instructions to make a careful analysis. You will note they applied both the Fehling and Haynes tests. The former test, of which you have a copy, was made on April 17. This shows that I have been sugar free for over a month.

July 8, 1919.—Dr. G. injected the sixty-fourth dose today. Would have written sooner, but was waiting for a report from the laboratory on a specimen of urine submitted two days ago. The report is very satisfactory. No sugar, no albumen, considerable uric acid. It is now almost three months that I have been sugar free. My appetite is good and am eating a mixed diet. Of course I abstain from all sugar and pastry. Food does not taste natural and there are lots of things I can not take on account of not having any teeth to masticate same.

I have reduced the use of codeine. I am now taking from six to ten

grains a day, and hope I will be able to get along without it in a short time. Three months ago I took from fourteen to twenty grains a day.

On July 1 I took an automobile ride for an hour—the first time I was out of the house since January 21, almost six months. I walked up and down stairs by myself.

November 3, 1919.—In your last communication you suggested that I discontinue treatment for ten or fifteen days. After doing so, I commenced to feel better, and have gradually improved up until the past two weeks.

July 1 was the first time I was out of the house since January 21. I then managed to walk with the aid of a pair of crutches. I weighed 130 pounds at that time; today I weigh 148 pounds. The next time out was on the 15th of July. After I commenced to gain strength, day by day, and in the last week in August I was able to go to the office. Since September 1, I have been attending to my regular work. I have been driving the automobile occasionally. I try and rest as much as possible. Have a good appetite and still adhere to a strict diet, although I have not had any sugar in the urine since April. I sleep well—that is, three or four hours at a time. I have not had a headache or fever in all this sickness, but have constant pain. I am still troubled with the goiter.

Dr. L. M. D., Missouri, writes under date of May 27, 1919:

Case No. 2.—Some time ago you sent me, according to my request, a dozen ampoules of proteogen for diabetes. Have been using it on a desperate case in a young man. The supply is about exhausted. There seems to be some improvement in the general condition of the patient, although there has been very little if any diminution in the sugar content of the urine. Some symptoms of acidosis he had have entirely disappeared. He has gained about six pounds in weight, and is very much stronger than before starting the treatment. As I said before, he was truly a desperate case and one which seemed practically hopeless. His improvement has been very gratifying to me, and I am anxious to continue with it in the hopes of clearing up the condition.

June 28, 1919.—There has been no perceptible change since I wrote you. I have not made a quantitative test for sugar, but have observed that the same amount of urine throws down the same precipitate that it did when I started the treatment. The patient is at least holding his own and has enough strength to get about considerable, and that is more than he was doing before I started the treatments. He weighs about five pounds more than he did when I started, which was May 1, 1919.

Case No. 3.—Dr. N. D. J., Missouri, writes, under date of April 25, 1919:

Your kindness in sending me remedy for diabetes deserved an earlier reply. My patient has removed from our town to Hutchinson, Kansas. When she removed she could walk miles, and her neighbors tell me she was able to chop down a tree at least a foot in diameter, trim it up and chop into firewood, with no rest, and then move on with other work. The sugar by actual test was reduced to a trace, appetite was good and all things pointed to complete recovery.

Dr. J. S. D., of Iowa, writes under date of November 15, 1919:

Case No. 4.—I have examined urine three times in past week—no sugar. It must be the proteogen, because I have taken nothing else. I am eating general diet, except that I limit my sugar and potato starch. Everything else that I desire. I have not taken any proteogen for six weeks, as I just returned from Chicago.

Dr. G. W. S., of Missouri, writes under date of July 1, 1919:

Case No. 5.—My record case that I wish to describe is a lady patient who has suffered from diabetes for several years. She is about twenty-five years old and weighs about 100 pounds. Urinalysis showed constant quantity of sugar, spec. gravity 1035. Began proteogen treatment about the last of May. The patient began to improve at once, and, quoting her own language: "I have taken lots of medicine from different doctors, but had nothing to do me any good before. This is the first time I ever received any benefit from medicine that I could tell." This patient is beginning to improve in strength and increase in weight. I have used proteogen treatment rather extensively, and regard it as wonderful.

Dr. R. O. B., Mt. Morris, Ill., reported May 10, 1920:

Case No. 6.—Man, age 72. Came to me complaining of severe pain in the heel and all through the right leg. In the course of the physical examination and the tests we noted a pronounced anemia, and the specific gravity of the urine was 1038. Patient was placed on an eliminative treatment and milk diet with proteogen every third day. Progressed favorably.

Initial dose was one-half ampoule, increasing to a full one. The patient did not mind the injections, and so we pushed the proteogen. Can report the urine free from sugar and with a specific gravity of 1022 on his last visit last Friday. The symptoms of pain and other troubles have been relieved and he is at work as a supervising carpenter. My experience in this case can be counted a success.

Dr. B. L. S., Cedar Rapids, Iowa, reported May 7, 1920:

Case No. 7.—The diabetic upon whom I was trying the proteogen had about six months proteogen. During that time he gained from twelve to eighteen pounds in weight, his mental and physical endurance increased, as was practically demonstrated by his change of occupation. When I first saw him he was too weak to do anything. During this time his first occupation was delivering suits for a pantatorium; the next, sweeping in the National Oats Cereal Mills, and in November he changed again to heavy work in our local packing house.

About January 1st he stopped all treatment, paid his bill and quit me. Through his relatives I learned that he seems to be holding his strength and at present is doing a man's work on a farm. I do not think the proteogen had a fair test, as I was unable to control his diet. I believe the diabetes proteogen absolutely lessens, and in this case removed the abnormal thirst, increased the endurance, mental and physical, decreased the various neuroses, especially the irritability.

SCARLET RASH OF INFLUENZA IN CHILDREN; FREQUENT OCCURRENCE AND TREATMENT.

J. E. Holman, M.D., Indianapolis, Ind.

After searching the medical literature for some time, I am only able to find a very few brief statements on the subject which I have chosen for this article.

In Osler I find him saying, "A diffuse erythema sometimes occurs, occasionally purpura." Holt, on diseases of children, remarked: "Cutaneous eruptions are not infrequent, and often very puzzling. That there may be a general eruption resembling urticaria, or an erythema which sometimes simulates measles, but more frequently scarlet fever. These eruptions are irregular in their course and often in their distribution, and are not followed by desquamation. In most cases with high fever the urine contains albumin, although nephritis is rare. One should be on watch for it even in young children."

About a year ago I began to see a great number of cases which had a scarlet rash of an erythematous type, and often rougher to the finger tips than they were red; itching, in which respect they resembled urticaria, and occurring at times over entire body, but more often localized at certain points, as on the forearm, legs, side of face, back, and in fact no particular part of the body seemed immune.

In the discussion of this paper I shall expect not a few to tell me that I was having in these cases a mild type of scarlet fever; however, I am quite sure in my own mind that they were not scarlet fever, although I must admit in a few cases a differential diagnosis was not an easy matter. In making a differential diagnosis of scarlet rash of influenza, I shall describe the average case as I saw it.

On examination I would find the child with temperature, soreness of body, red eyes, acrid secretions of upper respiratory tract, some sore throat, enlarged tonsils, scarlet rash rough in character and quite often the patient complained of it itching. After prescribing symptomatically for the patient I would find the temperature going to normal or a marked reduction, the scarlet appearance of the rash disappearing, and most all of the active symptoms becoming negative within two or three days; while in a case of scarlet fever, by the third day the symptoms are just as marked if not more so, especially the sore throat and rash, which continue for a week to ten days.

During the first part of the year I found three or four cases as I have described each month, until in February and March of this year, when I am quite sure I saw twenty-five cases. All these cases, in my judgment, are sequelæ or forms of influenza, and are due to the toxemia of some type of polyvalent streptococcus.

The treatment is followed out symptomatically and the rash is treated by alkaline baths and olive oil rubs. Stearate of zinc or a good grade of talcum powder, freely applied, are beneficial in relieving the itching. In some cases phenol ointment or lotions were useful and necessary.

In conclusion, let me say, each and every case which had this rash either had influenza symptoms a short time before the rash appeared, during the time of the rash, or following the rash; that I believe they were more or less contagious; that they were not stomach rashes (for that means very little to me); nor do I think they were scarlet fever. Hence my conclusion that I was having a scarlet rash of influenza and found most frequently in children.

GELSEMIUM.

W. N. Holmes, M.D., Nashville, Tenn.

I have said, in years gone by, that if gelsemium were to become extinct I would quit the practice of medicine, but have long since recalled this assertion, because we must not place too much confidence in any one medicine to the exclusion of other remedies.

Specific indications for gelsemium, when pronounced—flushed face, bright eyes and contracted pupils, with extreme nervousness—are more easily reduced to normal conditions by the use of this agent than by any other one or combination of remedies.

Severe headaches, with sensation of burning as if head were placed before a hot fire, with throbbing temporal arteries—they feeling to the touch as if they were cords stretched under the skin, will be more readily relieved by full doses of gelsemium than by any other remedy yet discovered.

I have had a number of cases of uremia where the patient had lapsed into unconsciousness from either albumen or sugar, and under 20-drop doses of gelsemium, given every two hours, would soon rally, and with its continued use, coupled with potassium acetate, recover and live for many years.

I had a patient eighteen years ago, a railway postal clerk from Nashville to St. Louis, who had albuminuria so badly that over one-third of his urine would coagulate when heat was applied. Gelsemium, apocynum and acetate of potassium cured him, and he is still on his run from Nashville to St. Louis. When he came to me his feet and legs were so swollen that he had to wear shoes three numbers too large and rip his slips half way up the thighs in order to get them on.

Gelsemium is a great adjuvant in the treatment of prostatic hypertrophy. I depend solely upon it, combined with echinacea, in these cases. Any one not having used this combination—gelsemium ℥ i, echinacea ℥ ii, aqua ℥ iv, teaspoonful every four hours—will do well to try it.

As a remedy in obstetrics there is no Eclectic physician who is not familiar with its uses—sharp, lancinating pains, with unyielding os, a nervous and fussy patient, all the time contending that she can not stand it any longer. There never has been a woman that did not say that one or more times, but when it is repeated too often, give full doses of gelsemium and you will see there is no need for twilight sleep or H. M. C. tablets.

In the aged, both men and women, suffering from any kind of bladder or urethral trouble, it will be of benefit and often affords complete relief.

The uses for this agent are easily recognized by indications, and it is indispensable.

THE MODERN TREND OF MEDICAL PRACTICE.

E. G. Sharp, M.D., Guthrie, Okla.

In order to discuss intelligently this subject it is necessary to draw on the medical history of the past for comparison, and our personal knowledge of it is confined to the past thirty-five or forty years. Beyond that period we have to depend on written record, and while history records the barbarities practiced under the name of regular medicine, which caused the Eclectic forefathers, who constituted a minority of the doctors of that day, to protest so vigorously against the methods then in vogue, such as bleeding the patient to the limit, the excessive use of mercurials to salivation and its attendant detriment to the patient, the indiscrimininate use of blistering and denial of water to drink and the fever-cooling bath to patients—is all within my memory. And these things were done under the name of regular medicine, and he who dared to openly condemn and criticise them was dubbed irregular by the dominant school of medicine, whose colleges at that time taught their students that they must first name the disease, then aim the treatment at that name—as though the disease was an entity or a devil, to be driven out of the system by heroic dosage, rather than the Eclectic idea that disease was wrong life to be removed (1) by removing the cause, and (2) by the administration of remedies to correct and relieve the conditions as manifested by symptoms.

During the past few decades we have seen the regular medical colleges go to the extreme of trying to find a microbe or bacillus as the cause of every disease to which flesh is heir, and to manufacture a serum to combat the intruder that is supposed to be the cause of all our mortal ills; and while we recognize that some diseases are bacillar in origin and yield to serum treatment, there is much of it fallacy and a disappointment to the men who have labored so diligently along these lines.

The fact stands out that most of our so-called regular medical colleges pay little or no attention to materia medica and therapeutics, and consequently imbue their students with a spirit of absolute medical nihilism that renders them inefficient when they go into the actual practice of their profession, as compared with Eclectic physicians, who are guided by definite indications for remedies as manifested by symptoms.

Today many, very many, of the graduates of our state endowed medical colleges are crying out against the fact that they are compelled to spend the best years of their lives preparing to diagnose disease, and are left entirely helpless to combat it for the reason that they are given no knowledge of materia medica and therapeutics and the application of remedies for the relief of symptoms and the cure of disease, and are ready and anxious to read anything along these lines. In fact, the medical pendulum has swung

to the extreme of medical nihilism and is now ready to swing back from that extreme and that of surgical fadism to the level of rational medication for the relief of symptoms and cure of disease by the application of remedial agents to disease conditions as manifested by symptoms.

Such has been the trend of the regular medical practice during the past less than fifty years, that we have seen it change to the small, then the minute dose, and in many instances the absolute denial of any virtue in medicine to relieve or cure disease except mercury in syphilis and quinine in malaria; and the medical students of today in our regular colleges are being fitted only for surgeons or hospital, laboratory or office specialists, wholly incapable of becoming efficient in general practice or of coping with disease as it is met in the homes of our nation or in other than hospitals.

In conclusion, the modern trend of medical practice in the regular school is still toward medical nihilism, and their recent graduates are crying out for a practical working knowledge of materia medica and therapeutics and are reading Eclectic literature; and we owe to ourselves and Eclecticism and to suffering humanity to push Eclecticism to the forefront as a rational system of therapeutics that has leavened and is leavening the thought of the whole medical profession.

FIRST SIGNS OF INSANITY.

F. S. Peck, M.D., Oklahoma City, Okla.

There are in every stratum of society large numbers of disordered minds that perform their functions irregularly and need the attention of some expert.

Insanity seldom comes like a thunderbolt out of a clear sky. The cause of insanity clearly shows that it never develops in a day, but that on the contrary often weeks and months elapse until the deviation from normal mental health is noticed. Often some accidental circumstance, some trivial event, may be the determining cause of the outbreak—the immediate precursor of the declared symptoms; but the conditions have been there before, and, as in the old adage, the new event was but as "the last straw" that made the burden intolerable.

If the early history of the person be carefully investigated it will be found that eccentricity on their part took place long before the actual outbreak of the disease. If only such persons had chosen some quiet pursuit in life, and their conduct been closely watched by their relatives, much trouble and expense connected with their mental condition would have been prevented.

Opinions differ as to how wide may be the depature from normal to justify us diagnosing insanity, but this is only the beginning of the unbalanced mind. There is no sharp demarcation between medically and legally insane. There is no hard and fast line separating sanity and insanity. There is a large number of cases of mental disturbances which are very slight and

not decisive in their character, and which may be described as on the "borderland." This stage is the one where suitable care and treatment are most effective. Many a man and woman, if rightly treated in their borderland, could be cured, and never be considered as having been mentally unbalanced at all.

In reference to the body, "feeling well" is the chief mark of health. Most people who are sick know it. With the mind it is otherwise. Here there is no connection as between health and feeling well, and the person is not in a condition to say whether he is well or not. There are some few persons that do realize approaching insanity, like some of our poets have done in the past.

At the approach of insanity the unfortunate person is often conscious of a gradual loss of control over his thoughts, feelings and fears, but he conceals with the utmost jealousy from his friends and relatives the agony that is eating into his very soul.

A thought habit can be acquired in almost any direction or upon any subject, and if we hold that thought long enough we may become insane upon that subject.

In conclusion I might ask this question: Is a man not insane upon any question or subject in which he can not use his objective mind, "That reasons by all methods" to inquire into facts both for or against such a question or subject?

NATIONAL HOTEL RATES.

As the time approaches we are anxious to know what our expense will be to attend the convention at Colorado Springs. I have in another article given you the approximate railroad rates, now I wish to give you an idea of what your hotel expense will be.

We have secured special rates at the Antlers Hotel which are as follows. These rates are on the European plan.

Single room, without bath (one person)----------$3.50 per day.
Single room, with bath (one person)----------$5.00 per day.
Double room, without bath (two persons); each----$3.00 per day.
Double room, with bath (two persons); each------$4.00 per day.

For those who wish to economize I wish to say that there are numerous rooming houses where one may obtain rooms as low as $1.00 per day, and if you intend to remain a week or more it might be wise to find such a place to stay.

Those who have automobiles and enjoy touring will find delightful accommodations in the Springs. There are many places where the proprietor has fitted up a large yard with shade, running water and electric lights where you may pitch your tent and have all the comforts of a home. Another advantage of having your car will be the delightful drives in that region that will not cost you one cent for toll. Some places, however, will charge you toll whether you own you car or not; however, your stay at Colorado Springs will be much more delightful providing you have your car with you.

I am sure if you will make every sacrifice possible to take this trip you will never regret it and besides improving your health you will enrich your mind and broaden your acquaintanceship and return home better able to cope with your home problems.

HELBING.

The National Eclectic Medical Association QUARTERLY

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SUBSCRIPTION PRICE : : : $1.25 PER ANNUM

All communications, books for review, exchanges and contributions for publication should be sent to the Editor, at Forest, Hardin County, Ohio; change of address or advertisements, to 630 West Sixth Street, Cincinnati, Ohio.

Vol. XII. MARCH, 1921. No. 3.

WHY ECLECTICISM?

For what it has accomplished in treating the sick.

The Eclectics began their humane work by combating the destructive, depleting, devitalizing and painful treatment in vogue during the first quarter of the past century, and within fifty years saw the lancet, harsh purgation, mercury in large doses with its severe ravages, antimony, leeches, blisters and nauseating dosing disappear from the treatment of the sick never to return.

Eclecticism was founded on the principle that disease, wherever found and in whatever form, was not a condition to be forcibly routed from the body, but always meant a change in function or structure, and that it always impaired life; therefore, only such means as conserved and sustained the vital forces should be used in treating the sick. That in every departure from health there was an increase, defect or perversion of function, and a successful treatment must use such remedies or means that would restore the normal function by sustaining the vital force, never to lower it. That the same pathological conditions do not exist in all patients with the same disease; therefore the same treatment could not be successfully used in all patients suffering from the same disease.

Every disease has a language, consisting of symptoms, telling of the wrongs of the body; and a true diagnosis, specific diagnosis, consists in determining these wrongs rather more than in naming said disease. Thus in one case of pneumonia, notwithstanding the lungs are the organs involved, the principal lesion might be of the blood, toxicity, and sepsis would be the important factor to overcome; or it might be the nervous system that was bearing the brunt, as shown by great excitation or undue depression. Wrongs of the circulation might be the basal

lesion, and these different pathological conditions must be recognized or diagnosed for a successful treatment.

Eclectics teach that a specific diagnosis must necessarily be followed by specific medication. If the symptoms speak of sepsis, antiseptics will be used; not only antiseptics, but, interpreting the symptoms aright will tell what antiseptic to be used, for sepsis is not always the same in any given disease. In one it would be combated by the sulphites, in another by the chlorates, while a third would need the mineral acids; or it might be the antiseptic properties of plants such as echinacea, baptisia, calendula and other like remedies.

If the nervous system is the marked lesion, the specific medication would be such as to overcome this basal wrong. So of the circulation. Eclectics teach that there is a positive relation between drug action and disease condition, and having once determined this relation or action in a given case, it can be administered successfully in any disease where these conditions exist. In other words, such a remedy becomes a specific for specific conditions.

Why Eclecticism? Because it is safe, sane and restorative, as witnessed in two of the most fatal diseases of the times, notably pneumonia and influenza, the mortality not exceeding 5 per cent. Why Eclecticism? Because it is not only pleasant, but the most rational and successful treatment that can be used. R. L. Thomas, M.D.

LOYALTY.

Loyalty is defined as "hearty service in friendship or love, or to a cause." It is in the latter sense I wish to use the word. Patriot is defined as "one who loves his country, its institutions and laws and zealously upholds and supports them."

In the past four years we have heard these words glibly and freely used, and often when engaged in raising money for the Red Cross or selling Liberty or Victory bonds we have wondered whether those so loudly protesting their allegiance really knew or realized the full import and significance of these words.

Similarly I have been amazed at the lack or want of loyalty on the part of Eclectics to their cause. There are but few, very few Eclectics but what are reasonably successful in life. In a long life of intimate contact with them I have met but very few who were not successful. To what do they owe their success? If not to the teachings and principles taught them in their Alma Mater, then what? I maintain it is to their teachings or foundation. No superstructure can be built upon an unstable foundation or foundation of sand. The rudiments or fundamentals must be well grounded, then the superstructure will be stable.

We feel that our growth has been retarded by this lack of loyalty, by a lack of patriotism on the part of our successful alumni.

The question was recently asked, Why can we not get an "A" rating

for our college? The reply was, "Dearborn Street, Chicago, and the apathy or indifference of our graduates.

Recently I stood within the shadows of Harvard and the University of Pennsylvania, and I asked the question, What has made these institutions of learning so successful and renowned? The answer was, The loyalty of their alumni.

What is the Ohio State University doing today in their efforts to build their new stadium? Appealing to the alumni; and this a State university, supported by taxation.

So we appeal to our alumni, to our friends, to our adherents. Give your Alma Mater your loyal and patriotic support, and you will have reason to point with pride to her success.

She has been successful in the past, and you can make her more successful in the future. You owe it by reason of your standing and success in life. Can we depend upon you.

Let us not protest our loyalty, but show it by our actions and deeds. Remember that our Alma Mater will be what we make it—no more, no less. M.

YOUR NATIONAL PAPER.

The National Eclectic Medical Association's annual meeting will be held at Colorado Springs, Colorado, JUNE 21-24, 1921. We want to make that meeting one of the strongest we have ever held. We want it also to do missionary work for the Rocky Mountain district. To do this we must have a good attendance and good papers. The chairmen and secretaries of the sections (see above) have selected a number of men, whom they regard as good practitioners and good prescribers, to prepare papers. This is a necessity for the society and a compliment to those selected. But there are many who have not been reached who could give us *volunteer* papers, and these we want also. We also want back into the society some who have failed to keep up their connection with that body. All that is required is a clean Eclectic record. No back fees are required for reinstallation.

Sometimes a man hesitates long in writing a paper because he cannot make a selection of a proper subject. To such let us say that what interests *you* will interest others, no matter how trivial or how trite it may seem to you. In order to facilitate your selection and your work may we make some suggestions to help formulate a paper? These have helped others, they may help you. A subject will be assigned which you may write upon, or you may substitute one of your own. The chairman and secretaries (if they concern either) will send a slip like the following for your convenience:

DIRECTIONS.

1. Write a short paper (not less than 300 nor more than 1600 words, to equal one-half to two and one-half pages of the National Eclectic Quarterly), embodying your own knowledge and experience: (a) with a medi-

cine; or (b) a disease or disorder; or (c) a surgical; or (d) obstetrical case, or procedure; or (e) some work in the specialties.

2. Avoid irrelevant matter, quotations at length from others' writing (except to give credit for something your experience may lead you to endorse, or to fortify your claims), making a direct general article.

3. If writing of a drug, cover as many uses of the drug as you can testify to, but if preferred, consider the drug n few condition only, in uses favorite or new with you.

4. Mention the preparation of drug used (whether crude drug, tincture, fluid extract, specific medicine, etc).

5. Be particular to give clear indications, for the aggregate of successful uses is the basis of specific medication.

6. Be particular to give exact dosage.

7. Have a typewritten copy if possible; if this is not feasible, write legibly.

8. Keep a copy of your paper so that if the original is lost, your work will not be in vain.

9. Please send your acceptance enclosed postal card at once, as program must be gotten out early. If you desire to change the topic for some other (or other section), kindly indicate it on card and mail at once.

10. *Prepare and send paper or papers whether you will attend the meeting or not.*

11. Send your papers to the *chairman or secretary of the section* to which your subject applies; or, if you prefer, directly to H. W. FELTER, M.D., 1728 Chase Avenue, Cincinnati, Ohio, on or before JUNE 1, 1921. Do not be later than that date.

12. In writing of a disease, be brief if you mention pathology, etiology, etc., at all, but give treatment in full: *i. e., briefly* hygienic and dietetic measures and *fully* the medicinal treatment. Give most attention to the medicinal feature, and be explicit, for this is what Eclectics most desire to know.

13. Attend the meeting if you possibly can. If not, your paper will be read by proxy.

14. Your subject is.....

H. W. FELTER.

SHEPPARD-TOWNER MATERNITY BILL.

"With material modifications from its original form, the Sheppard-Towner bill which makes provision for maternity and infant welfare through Federal cooperation with the states, has been passed by the Senate. The bill appropriates $1,480,000, of which $10,000 is to be distributed annually to each state, and $1,000,000 is to be used annually by the Children's Bureau. During the three days' debate on the bill in the Senate the provision for home nursing at government expense was eliminated; an amendment was added that the member of the state advisory committees should not receive a salary, and it was stipulated that no part of the appropriation should go to any state until an amount equal to the sum to be supplied by the Federal Government had been appropriated from the state treasury."—*Journal A. M. A.*

During the discussion on the above bill the old saw was repeated, "Millions for hog cholera and boll-weevil but only hundreds for human life." These phrases by repetition become rather hackneyed and abused. If one would only stop to consider the many agencies engaged in public health work, he will ascertain that millions are used in conserving the health of the people. We feel that much of it is wasted. So many agencies, commissions and boards are engaged, their duties overlap and the people's money is not being used to the best advantage.

The Journal of the American Medical Association, in an editorial in the issue of December 25, 1920, calls attention to the fact that in public health matters, there were thirty-four independent government organizations carrying on some kind of work directly relating to public health, which, instead of being closely correlated, are scattered throughout the different departments. In the Treasury Department are the U. S. Public Health Service and War Risk Insurance Bureau. In the Department of Labor, the Children's Bureau. In the Department of Interior, the Division of School Hygiene and Physical Education of the Bureau of Education, the Indian Medical Service and the Government Hospital for the Insane. The War and Navy Departments have each their own medical service.

There are independent commissions and boards, such as the Interdepartmental Hygiene Board, the Federal Board for Vocational Training, the Bureau of Safety of the Interstate Commerce Commission and the medical service of the government printing office, that are unrelated to any of the other health agencies of the government.

In another issue of the same journal (January 8) attention is called to the fact that the House Committee on Appropriations has cut out the appropriation of $224,924 for the Interdepartmental Social Hygiene Board, which it is said duplicates the work of the Division on Venereal Diseases of the United States Public Health Service.

The bill under consideration appropriates $2,000,000 for the next fiscal year and for each succeeding year to 1925 $3,600,000, and creates a Federal Board for Maternal and Infant Hygiene, and we have also the Fess-Capper Bill adding millions for physical education.

When one contemplates the various Federal boards and commissions devoted to various health problems, coupled with the energies put forth by the States, with their full and part-time health officers, health nurses, school nurses, etc., in addition to the work of the Red Cross, Anti-Tuberculosis League and kindred associations, it seems idle talk to reiterate the charge that America pays but little to the conservation of health. The appropriation for the public health service alone is in the neighborhood of$8,000,000. The fact is we have too many commissions and boards duplicating each other's efforts, and we fear many dollars are expended without producing tangible results. We have had some practical experience of the futility of some health work; probably it could better be expressed by saying with the theoretical and impractical work of the commissions and its inaccessibility to those most needing the care—the poor and infirm.

Of what practical value is it to tell an indigent tubercular patient what to eat, to wear, and how to provide sleeping apartments, when they have nothing with which to provide themselves with the very necessities of life? To give talks and leave beautifully illustrated pamphets and not provide the where-withal to procure these things?

Much of the work performed by these health organizations is of this description. What we need is not more commissions and appropriations, but a concentration of effort; fewer commissions and boards and a responsible head under which these various agencies can act without duplication of effort and work and waste of money. It seems strange that every effort calls for the creation of a new board or commission, with its usual appropriation and retinue of high priced officials, thus leading to a multiplicity of offices and officers.

The following is clipped from the *Toledo Blade* and bears not only careful persual but action as well, not only in National, but State affairs as well:

"Reorganization of government departments so as to eliminate duplication of work, reduce the number of civilian employes, and thus save millions of dollars each year of the taxpayer's money, is the object of a congressional committee authorized by congress.

"In a series of six articles, of which this is the first, the Blade's Washington correspondent shows how, because of the manner in which boards and bureaus have been created without plan or purpose, the activities of the several departments overlap with consequent duplication of effort and the needless expenditure of millions. He warns against propaganda being spread by federal employes, some of whom must go when governmental affairs are conducted on a business-like basis.

"The proposed reorganization is one big step in the fulfillment of campaign pledges made by the Republican platform and Senator Harding to reduce Uncle Sam's payroll through retrenchment, reform and economy. To counteract the propaganda of interested officeholders, let your congressman and you senators know how you feel about what should be done with your money, the revenues of the government; for you must settle the bills. —Editor's Note." M.

CONGRESSIONAL LEGISLATION.

"The House Committee on Education has voted to report favorably the so-called Smith-Towner Bill, which 'would create a department of education and authorize the expenditure of money to encourage the states in the promotion and support of education.' This is one group of four so-called bureaucratic bills, which includes the Sheppard-Towner Bill, commonly known as the maternity bill. The latter measure, already passed by the Senate and now pending before a House Committee, provides for the employment by the federal government and the states of maternity nurses and for the establishment at public expense of maternity centers in each county. The principal object of the Smith-Towner Bill is to provide 'for physical education and instruction in the principles of health and sanitation and for providing school nurses, school dental clinics and otherwise providing physical and mental welfare.' If the bill becomes a law in its present form, a nursing center and school dental clinics will be provided in every county of the states cooperating with the federal government. Hearings are also being held by the

House Committee on Education on the Fess-Capper Bill, which proposes to create a department of physical education."

The above is clipped from the *Journal of the American Medical Association.* We have elsewhere called attention to the Sheppard-Towner Bill in this issue, and the use of the hackneyed expression, "Millions for hogs, but only hundreds for humanity." If the present pace be persisted in but a few years longer, the people will be so overwhelmed with bureaus, commissions and boards they will hardly dare move without having their steps dogged by a health nurse or doctor.

In reading the above, attention is called to the duplication of effort in the Smith-Towner and Fess-Capper Bills. These appropriations must of necessity carry with them State appropriations as well, and there seems no end to this class of legislation and duplication of effort. We have at present the all-time county health officer and nurse; add to this, county nursing centers and dental clinics with that already provided, and pray tell where will the end be. We do not need this constant duplication, and so far as personal observation goes the work now performed in the rural districts accomplishes but little. Often it consists only of a call and the distribution of pamphlets, containing much information of no practical good to the needy. What is needed is less money for personnel and more for the needy. Fewer officials and more actual work.

The efforts of office philanthropists and social workers are becoming manifold, and each one with a pet theory can have it formulated into law provided he have the patience and persistence necessary. It is time for the people to check this never-ending flood of paternalistic legislation. A portion of it is of value, but much of it is founded upon false premises and facts.

M.

PROPAGANDA FOR REFORM.

"*Helping the Council.*—There are many physicians who, while figuratively patting the Council on Pharmacy and Chemistry on the back, do nothing to aid its efforts On the other hand, there are men in the profession who give the Council active support. Such a man wrote to a pharmaceutical concern that he was receiving advertising concerning its products and suggested that until these products had been accepted by the Council, it was a waste of postage to send this. He explained that he depended entirely on the Council in such matters as these."—*Jour. A. M. A.*, Nov. 6, 1920, p. 1275.

We are uncertain whether the physician above mentioned is to be congratulated or condemned. It appears to the writer that he is selecting some one to do his thinking for him. It will be a sorry day for the medical profession when it relegates to a committee its privilege to think or to do individual research work or investigation. Such seems to be the attitude of the *Journal.* All medical men must submit to the dictation of the Council in Therapeutics,. No one is infallible and the profession should reserve to itself its privilege of thought and action. We sympathize with the Council in its efforts to expose fraud, but we do not endorse its attempt to dictate what

the profession shall and shall not use in its efforts to heal and alleviate the sufferings of humanity.

There is danger that the Council takes itself too seriously, and as a result may become dictatorial or obscessed with the importance of its own views.

The country is flooded with drug houses, and it is useless to deny that the detail man, representing these houses, furnishes or represents the therapy of today. It is true not only with the galenicals, but the serums, vaccines and bacterins as well, whether or not their scientific or laboratory action be established. Whether or not accepted by the Council is of no moment; the fact still remains, they are heedlessly, extravagantly and empirically used.

M.

ECHINACEA.

"Intelligent members of the medical profession must be well aware that both the Pharmacopeia of the United States and the National Formulary, now recognized by federal and state laws as standards for drugs and their preparations, include many products that can scarcely be justified as medicinal on the basis of scientific considerations. When once a preparation has found its way into these 'official' lists, it thereby gains the presumption of some therapeutic virtue. All too frequently, what it lacks in this respect is replaced by the potent promises of specious advertising; and when the admitted product thus becomes recognized, its place often is long assured by some indefinable force of tradition and reverence for supposed pharmacopeial wisdom.

"Among the products included in the National Formulary is the fluid extract of echinacea. The claims for this drug as an 'alterative' and antisyphilitic are denoted by one of the publications of the American Medical Association as 'extravagant and unwarranted," with the added statement that there are no established indications for its use. In 1909 a report of the Council on Pharmacy and Chemistry of the American Medical Association denied echinacea a place in New and Nonofficial Remedies with the statement that, in view of the lack of any scientific scrutiny of the claims made for it, echinacea is deemed unworthy of further consideration until more reliable evidence is presented in its favor. Despite this, it is stated by experts of the U. S. Department of Agriculture that the use of echinacea has become extensive. The fluid-extract and the tincture are made in enormous quantities, and the root enters into the composition of a large number of patent, proprietary and nonsecret mixtures. Couch and Giltner of the Bureau of Animal Industry, who are responsible for this information, have collected details of the claims variously made for the drug. Echinacea is stated to be a corrective of 'depravation' of body fluid, and of septic, fermentative or zymotic conditions. It is said to antagonize infectious processes and "blood poison," and to be useful in puerperal sepsis, uremia, pernicious malarial or septic fevers, typhoid fever, and all fevers caused by absorption of septic material. It has been advertised as a specific against the venoms of rattlesnakes, other serpents, and insects. "Pyemia," "goiter," "smallpox," "anthrax," and "hydrophobia" are reported to have been cured by echinacea. It is alleged to be an antidote for tetanus. It has been used locally in erysipelas, bedsores, fever sores, chronic ulcers, glandular indurations, syphilitic nodules, and burns.

"This is a rather formidable aggregation of potencies for even the most repectable of drugs. The government pathologists have accordingly under-

taken to determine the possible usefulness of echinacea as a remedy in several pathologic conditions induced by bacteria, their products, or allied toxins. The results of the experimental investigations on guinea-pigs are devoid of evidence of functionel effects, as were the earlier studies of competent workers. In both tetanus and botulism produced by the administration of bacterial toxin, the course of the disease was not modified by the echinacea. In septicemia produced by injection of a culture of Bacillus bovisepticus, and in anthrax produced by infection with B. anthracis, the result indicated that echinacea had no influence. In rattlesnake poisoning produced by injection of a solution of the dry venom, the echinacea preparations were without curative effect. In these diseases, tuberculosis produced by injection of the bacillus, and trypanosomiasis produced by action of Trypanosima equiperdum, the remedy was administered over an extended period of time without apparently influencing the course of these diseases. Of course, it will be retorted that the negative results on laboratory animals need not necessarily apply to sick human beings, and that subtle potent effects are not always discovered by research workers. An appeal may be made to the "generations" of patients, particularly American In, dians, who have experienced the beneficient influences of echinacea. Scientific medicine of today, however, asks for evidence that can be demonstrated by the pharmacologist, or can be appreciated and accepted by the critical clinician as well as the quack. Echinacea has not yet established its claims for such recognition, although it may remain a name to conjure with."—Editorial *Journal A .M. A.,* January 1, 1921.

The above bears close reading. It is true a new remedy is often extolled beyond its real power, yet it is not a reason for discarding it entirely. Whilst it may be true this remedy does not respond to the laboratory tests or fulfill the demands or rules of the Council on Pharmacy and Chemistry it is true that its use has become extensive and is growing.

I do not doubt but what there are many remedies in extensive use that will not fullfill the requirements of the Council and yet have a district remedial action. It is not necessary for a drug to possess a poisonous action in order to have a medicinal one. Few of the foods possess a poisonous action, yet they build up the body and sustain life. We theorize on their action and recent experiments seem to prove that former beliefs as to digestibility and usefulness were erroneous. The same holds true regarding many remedies. Clinically we know they relieve. We know they possess remedial properties, why then discard them simply because they do not fulfill or comply with a few fixed rules promulgated by the Council to which it seems all remedies must comply to be accepted. The medical profession is now presumed to be educated. Is it possible they are incapable or reasoning for themselves or thinking? M.

THE NATIONAL MEETING.

It is only a brief three months until the meeting at Colorado Springs. It appears that we have scarcely cleared the decks from our meeting until we begin arrangements for the next.

We trust physicians will promptly respond to letters written them and

thus simplify the work of the chairmen of the various sections. The Antlers has been selected as the place of meeting, and we feel sure that every provision will be made to make our stay pleasant. The members should endeavor to make this trip not only for profit educationally, but physicially as well.

Colorado Springs is surrounded by places of wonder and awe. Places of interest to the traveler, geologist and student, as well as to the mere globe trotter. One can hardly conceive of a more inspiring ride than that to Cripple Creek. The traveler is stricken with wonder at the genius displayed by the engineer who constructed the railroad as well as by awe at the wonders of Nature constantly outspread before him. The Cave of the Winds or the drives through Cheyenne Canon, to the writer, do not compare with the wonders presented on this trip to Cripple Creek. We should not forget Pike's Peak, with its majestic grandeur. Glimpses of it are seen even before one reaches Denver. It is impossible to describe the scenery and wonders constantly in view on this trip to Colorado City.

Be sure and make your preparations to take a vacation this year and let it be in the latter part of June. It is worth anyone's time and money to view this portion of the "Wonderland" of America.

The following are the round trip rates to Colorado Springs. These same rates apply to Denver, so that those who wish to visit Denver may do so without extra railroad fare. Although your ticket may read to Denver you need not go to Denver unless you wish, because it will not be necessary to validate your tickets. I have given rate from a few of the important centers only, but reduced rates may be secured from any point east of Colorado, no matter how small the place may be at which you secure your ticket.

Arrangements are being made for a sleeper to be run from Cincinnati through St. Louis for delegates attending the convention, and I would suggest that other parties might arrange to travel together from points where sufficient numbers may be secured to fill a sleeper. Pullman fares must be added to the following rates:

	Round trip	War tax
Atlanta, Ga., via St. Louis (may be less, direct)	$ 81.09	$6.49
Louisville, Ky., via St. Louis	62.06	4.96
Cincinnati, O., via St. Louis	66.23	5.30
New York City, via St. Louis	108.65	8.69
Chicago, Ill., via Kansas City	49.80	3.98
St. Louis, Mo.	43.80	3.50
Topeka, Kans.	31.80	2.54
Oklahoma City, Akla., direct route	42.06	3.06
Little Rock, Ark., via Coffeeville	54.00	4.32
Dallas, Tex., direct route	43.86	3.51
Nashville, Tenn., via St. Louis	64.35	5.15
Lincoln, Neb., direct route	31.80	2.54

-HELBING.

NEWS AND NOTES.

California.

Dr. A. P. Baird, of Los Angeles, has retired from practice and removed to Laguna Beach.

Dr. A. S. Powe has removed to 246 Broad Street, Providence.

Typhoid fever has been added to the list of communicable diseases for which quarantine will be imposed in the state hereafter. While the quarantine will not be as rigid as in the case of some other communicable diseases, the patient and family will be kept under strict surveillance and a bacteriological test will be required before the patient is released. A modified quarantine is provided for persons known to be typhoid carriers.

The four so-called "medical measures" voted on in California at the recent election were all defeated, the people of the state strongly indorsing the position taken by the Medical Society of the State of California and the League for the Conservation of Public Health on these questions. The proposed anti-vivisection bill was overwhelmingly defeated. The anti-vaccination measure and the bill for the creation of a separate Chiropractic board were voted down, and the efforts of the osteopaths to secure the right to prescribe drugs were also defeated. This is one of the first instances in which medical questions have ben submitted to popular decision.

In California there is an annual tax on physicians which is payable January 1 of each year. The penalty for nonpayment after sixty days is automatic revocation of the certificate which requires a fee for reinstatement. On the basis of this annual registration the licensing board prepares a directory of all who are practicing the healing art in the state.

Georgia.

Dr. W. H. Swaine has moved from Griffin to Gainesville.

Indiana.

Dr. Welch V. Daniels has removed from Marion to 235 Sixth Avenue, North, St. Petersburg, Fla.

The all-time health officer bill has been endorsed by the State Board of Health and will be presented to the Indiana State Legislature. The bill proposes the adoption of the system of full-time health officers, at the option of the individual counties, except that in cases where the county commissioners take no steps to establish the system, the right to petition for a referendum is given the voters of the county.

Iowa.

Dr. James Miller has removed from Danville to West Burlington.

Kentucky.

Dr. Norbert C. Moorbrink has removed from Cincinnati to Majestic, Ky., where he is the physician for the Majestic Collieries Co.

New York.

J. T. Devoe has removed from Bliss to Machias.

John A. Mangieri, M.D., has located at Hallis, Long Island, N. Y.

Dr. A. Gillman is located at 567 Fox Street, New York City.

Dr. L. A. Shank is located at 818 Madison Street, Syracuse.

Dr. Frederick A. Rew, of Waverly, N. Y., recommends sodium hyposulphite to counteract the effects of mercury bichloride poisoning. Of course, the first aids—milk, white of eggs, stomach pump, etc.—should be employed; then saturate with the hyposulphite to antagonize the effects of the bichloride upon the kidneys. Those who have an opportunity, try it and report results.

The annual meeting of the Eclectic Medical Society of Greater New York was held at the Hotel McAlpin, New York City, Tuesday evening, December 14, 1920. The meeting was called to order by President Dr. G. J. Olssen. After the roll call, the reading of the minutes and the usual routine work, Dr. Pearlstein proposed the following candidates for membership in our society: Doctors H. B. Elster, of 175 Forsyth Street; R. Wiener, of 182 Henry Street; L. L. Jacobson, of 24 E. Fourth Street; A. Nettle, of 24 E. 48th Street; L. Cohen, of 20 Montgomery Street; H. B. Schwartz, of 124 Columbia Street, and Z. Moshkowitz, of 296 E. Third Street, all of New York City. The candidates were referred to the Board of Censors, and upon recommendation of said Board the secretary was instructed to cast a unanimous vote for all candidates as above mentioned, which he did.

The President made a brief address, thanking the members for the good attendance, for the interesting meetings during the year and for the general sociability in our Society which now prevails.

The Secretary, in offering his annual report, stated that he collected $335 in dues for the year just ahead, which was the largest amount collected since the two County societies amalgamated. That since our last annual meeting two members have passed from our ranks to the great beyond, namely, Dr. George W. Thompson, who died April 3, 1920, and Dr. Frederick L. Fuchs, who died December 3, 1920. That Dr. Carlton Simon resigned from our Society March 15, 1920, and that during the year just past we have elected to membership the following candidates: Drs. A. Blaustein, of 331 E. Sixth Street; Marian A. Coleman, of 59 W. 90th Street; Max Minkoff, of 220 Henry Street, all of New York City; and Dr. Jos. M. Phelan, of 2031 Woodbine Street, Ridgewood, L. I. That at the November meeting of this year we elected to membership Drs. V. Brancatto, of 340 E. 77th Street; M. A. Lamberti, of 229 W. 35th Street, and H. Steinberg, of 226 E. 10th Street, all of New York City.

The Secretary further reported that we have had, previous to this meeting, five meetings in 1920, and that the following essays were read at these meetings: At the January meeting, "Trusses and Abdominal Supports Valuable Aids Often Overlooked by the Physician," by S. A.

Lewin, M.D.; March meeting (a blizzard night), reports of interesting cases by all the members present; May meeting, "Gynecological Hints," by M. B. Pearlstein, M.D.; September meeting, "Novocaine Anesthesia in Minor Surgery," by J. Hancock, M.D.; November meeting, "Relation of Gynecology to the General Organism or Endocrinology," by M. B. Pearlstein, M.D. The Secretary also made a report of our state legislation during 1920, in which he read the names and gave a short description of the many bills that were presented at Albany dealing with the medical profession, such as health insurance, medical practice, Chiropractic, drugless therapy, etc., bills which either died in the committee rooms or were otherwise defeated with the aid of our Professional Guild.

The Treasurer then rendered his report, in which, after deducting all expenses, was shown a balance in the treasury of $162.84.

The Nominating Committee then reported, and the following officers were unanimously elected for 1921: Dr. Geo. J. Olsson, president; Jos. Coleman, M.D., 1st vice-president; Jas. W. Heacock, M.D., 2nd vice-president; M. B. Pearlstein, M.D., financial and corresponding secretary; S. A. Lewin, M.D., recording secretary, and John Birkenhauer, M.D., treasurer.

Ohio

G. T. Wasson has removed to Jefferson and is Health Commissioner of Ashtabula County.

Perry C. Black and Irvin Black are located at 1141 Sherman Street, Toledo, the former removing from Grace Hospital, Detroit.

Drs. Gibson and Basinger have opened a hospital at Blanchester, and, we are informed, are meeting with success.

Dr. Walter Greiss, a member of the staff of St. Mary's Hospital, and a prominent surgeon of Cincinnati, will deliver a course of sixteen lectures on orthopedic surgery to the senior students of the Eclectic Medical College every Wednesday at 4 P. M., beginning January 5, 1921.

Dr. J. P. Harbert, of Bellefontaine, has opened, in connection with his hospital, a free surgical and out-patient clinic.

Dr. M. Fishman passed the N. Y. Regents' examination and is now registered. He has joined both the State and National Societies and is a contributing member of the College Endowment Fund. He has enlisted for American Red Cross service abroad and has taken out a passport to Poland.

Dr. J. J. Martin, of Bucyrus, has retired from active practice to become full-time health commisioner of Crawford County.

Ohio State Eclectic Medical Association.—The next annual meeting of the Ohio State Eclectic Medical Association will be held at the New Southern Hotel, in Columbus, Wednesday and Thursday, May 18 and 19, 1921. A new plan has been adopted to hold two full days' sessions instead of one full and two half-days, and in order to induce members to arrive promptly, a general social and dinner will be held on Tuesday evening, May

17, at 6 p. m., for members and friends, at a cost of possibly $1.50 per plate. The following morning, the Business Session will open at 8 a. m.

MAY 18—9 A. M.—OBSTETRICS, MEDICAL GYNECOLOGY AND PEDIATRICS.

Dr. E. J. Alban, Cincinnati.....Chairman.
L. E. Overhulse, Holgate.....Secretary.

2 P. M.—MEDICINE AND THERAPUETICS.

Dr. A. E. King, Mt. Cory.....Chairman.
R. H. Vance, Morrow.....Secretary.
7:30 P. M.—President's Address.....W. F. Lehr, M.D., Arlington.

SURGERY.

Dr. J. Scudder Hull, Hicksville.....Chairman.
Dr. J. H. McLachlin, Cincinnati.....Secretary.

MAY 19—9 A. M.—PUBLIC HEALTH.

Dr. J. J. Sutter, Lima.....Chairman.
Dr. W. N. Mundy, Forest.....Secretary.

2 P. M.—SPECIALTIES.

(Eye, Ear, Nose and Throat; Disease of the Skin; Genito—Urinary, etc.)
A. W. Hobby, M.D., Sidney.....Chairman.
W. E. Postle, M.D., Columbus.....Secretary.

Reception Committee.—W. E. Postle, Ralph Taylor, S. M. Sherman, A. P. Taylor, J. B. Sherman, F. O. Williams.
Credential Committee.—J. K. Scudder, J. P. Harbert, H. W. Powers.
Nominating Committee.—W. E. Postle, W. N. Mundy, R. Campbell.
Registration Committee.—B. H. Nellans, R. H. Vance.
Auditing Committee.—E. I. Dozer, P. D. Bixel, T. T. Sidner.

Ohio State Medical Board—The regular quarterly meeting of the Ohio State Medical Board was held during the examination in Columbus, December 2, 1920. Several applicants were granted permission to take the examination, and others to file reciprocity applications. Under the recent arrangement with the State of Illinois, it now requires that all applicants for reciprocity shall appear in Illinois personally and take the practical exemination. Ohio hereafter will require a similiar practical test from Illinois licentiates.

R. P. Baker, D. O., was appointed to succeed J. F. Bumpus, as the member of the Osteopathic Examining Committee.

Charges were preferred against several physicians who had been convicted of the illegal dispensing of drugs, using liquor to excess and alleged abortions. They were cited to appear before the board at the January meeting.

Dr. H. H. McClellan, of Dayton, who was charged with making false life insurance examinations for the Western and Southern Life Insurance Company of Cincinnati, will have his license to practice suspended for a week, and be reprimanded at the January meeting.

The certificate of Charles B. Dickinson, a Chiropractor of Columbus, was revoked for newspaper advertising "calculated to defraud and deceive the public."

The following reciprocity applications were granted: S. N. Dilberakis, Univ. Athens, Greece, 1895., Ills. 1916, Ind., 1918.

The regular quarterly meeting was held in Columbus, January 3 and 4, all members present. The result of the recent examination was as follows: twenty two physicians passed, two failed, four osteopaths passed, three failed; three osteopaths already registered failed to secure a special license in surgery by examination.

The following reciprocity certificates were granted on the basis of previous state board examination:

H. J. Beard, Ky. S. of M. 1901, Ky. 1902, to Youngstown.
G. J. Busck, Columbia Univ. 1902, N. Y. 1902, to Cleveland.
C. A. Campbell, Medico-Chi. 1912, Penn. 1912, to Steubenville.
L. B. Chenoweth, Johns Hopkins 1919, Md. 1919, to Cincinnati.
A. E. Cohn, Univ. of Mich. 1920, Mich 1920, to Toledo.
C. C. Crum, Hosp. C. of M. Louisville 1901, Ind. 1901, to Dayton.
R. Cutting, Univ. Buffalo 1902, N. Y. 1902, to Youngstown.
J. G. Gage, Univ. Mich. 1908, Mich. 1908, to Akron.
G. R. Gaver, Univ. Md. 1898, to Cincinnati.
W. L. Glenn, Univ. Mich. 1899, Penn. 1899, to Dayton.
G. V. Hamilton, Jefferson 1901, Penn. 1901, to Frazeysburg.
B. H. Hildreth, Univ. Louisville 1916, W. Va. 1916, to Akron.
W. L. Hogue, Jr., Northwestern 1919, Ills. 1919, to Akron.
Ross Hopkins, Johns Hopkins 1903, Mo. 1903, to Columbus.
C. L. Hyde, Univ. Mich. 1906, Mich. 1906, to East Akron.
M. D. Kelley, Louisville M. C. 1904, Wash. 1909.
C. A. Kingman, Univ. Mich. 1920, Mich. 1920, to Toledo.
D. Lipschitz, Univ. Pittsburg, 1918, Penn. 1919, to Youngstown.
G. McConnell, Univ. Pa. 1896, Penn. 1900, to Cleveland Heights.
A. F. McCoy, Louisville Nat. 1911, Ky. 1915, to Columbus.
I. H. MacKinnon, Tufts College, 1920, Maine 1920, to Cleveland.
Sarah Marcus, Univ. Mich. 1920, Mich. 1920, to Cleveland.
W. G. Martin, Univ. Toronto 1911, Penn. 1914, to Columbus.
L. E. G. Nippe, Northwestern 1920, Ills. 1919, to Toledo.
A. F. Schultz, Ind. Univ. 1916, Ind. 1916, to Fremont.
J. H. Smith, Univ. Mich. 1918, Mich. 1918, to Toledo.
J. H. Snyder, Ills. M. C. 1902, Penn. 1902, to Mansfield.
J. M. Spencer, M. C. of Va., 1916, to Gallipolis.
G. C. Sutton, Howard Univ. 1919, D. C. 1919, to Cleveland.
L. H. Trufant, McGill Univ. 1907, Maine 1907, to Oberlin.
W. M. Washington, Meharry 1902, Ala. 1906, to Cleveland.
P. H. White, Ills. M. C. 1904, Ala. 1904, to Franklin County.
R. M. Young, Rush 1900, Ills. 1906, to Lime.
R. R. Bair, N. Y. Hom. 1918, Penn. 1919, to Tiffin.

Three applications were continued, as Illinois graduates hereafter must take the practical examination. Three others were rejected.

The following were issued on the basis of previous diploma registration:

F. W. Fischbach, Pulte 1889, Ky. 1893, to Cincinnati.

J. A. S. Howell, Coll. P. & S. 1891, Ills. 1894, to Akron.

Mary H. Olsen, Med. Coll. Ind. 1898, Ind. 1900, to Worthington.

The following officers were elected for 1921: Chas. E. Sawyer, president; Lee Humphrey, vice-president; S. M. Sherman, treasurer; H. M. Platter, Secretary.

Three cases of physicians charged with irregular practice were continued. The certificate of Lee B. Warren, of Youngstown, was revoked for alleged irregularity in allowing the use of his name to an unlicensed practitioner in another office.

The certificate of Dr. John B. Flack, of Cincinnati, who was convicted by the U. S. Court for illegal dispensing of narcotics, was restored to him providing he cancelled his narcotic license and agreed to discontinue their use hereafter.

The case of Dr. H. G. Blaine, of Willard, Ohio, under the same alleged conditions, was continued under the same conditions as that of Dr. Flack.

The cases of three advertising Chiropractors were continued, pending their discontinuing to insert advertisements "calculated to deceive or defraud the public."

Oregon.

The referendum abolishing compulsory vaccination, which was voted on in Oregon at the recent election, was defeated two to one, the vote for the abolition of compulsory vaccination being approximately 50,000 and the vote against it over 100,000. The campaign against the measure was carried on by a joint committee of physicians and laymen.

West Virginia.

Dr. Frank J. Moore was married last October to Miss Maurnetia Livingston, of Dayton, Ky., and removed from Majestic, Ky., to Affinity, where he is physician for the Pemberton Coke & Coal Co.

OBITUARIES.

Bolton, R. S.—Bennett College of Eclectic Medicine and Surgery, 1890; died at Johnson City, Tenn., Nov. 10, aged fifty-eight.

Brooks, Frank E.—Bennett College of Eclectic Medicine and Surgery, Chicago, 1877; died at Seattle, Ore., Oct. 21, aged seventy.

Bryant, Randolph F.—Eclectic Medical Institute, Cincinnati, 1869; died at his home in Chicago, Ill., Nov. 11, aged seventy-two.

Chamberlain, H. H.—Eclectic Medical College, Cincinnati, 1884; member of the Ohio State and National Eclectic Medical Associations; died at his home in Canton, Ohio, Dec. 4, aged sixty-one.

Conrad, Andrew O.—California Eclectic Medical College, Los Angeles, 1892; died at his home in Glendale, Cal., Dec. 25, aged fifty-two.

Fuchs, Frederick Louis—Eclectic Medical College of the City of New York, 1881; died at his home in New York, Dec. 3; aged seventy-eight.

Hough, Joseph W.—Eclectic Medical College, Cincinnati, 1850; died at his home in Jackson, Miss., Dec. 11, aged ninety-two.

Howard, Isaac D.—Eclectic Medical College of Pennsylvania, Philadelphia, 1870; died at Harvard, Neb., August 26, aged eighty.

Nutter, Earl R.—Lincoln Medical College, Lincoln, Neb., 1909; died at Kansas City, Mo., Nov. 5, aged forty.

Snell, Albert Freeman, Jr.—Eclectic Medical College, Cincinnati, 1914; associate professor of histology and embryology in his alma mater and member of the Ohio and National Associations; died at Cincinnati, Oct. 29, aged thirty-two.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION

Officers and Committees.

President.....H. W. Felter, Cincinnati, O.
First Vice-President.....Dan. H. Griffith, Atlanta, Ga.
Second Vice-President.....W. P. Collins, Howard, S. D.
Third Vice-President.....J. P. Pruett, St. Louis, Mo.
Recording Secretary.....H. H. Helbing, St. Louis, Mo.
Corresponding Secretary.....W. N. Mundy, Forest, O.
Treasurer.....J. P. Harvill, Nashville, Tenn.
Council on Medical Education, E. G. Sharp, E. H. Stevenson, T. D. Adlerman.
Committee on Propaganda, Wm. P. Best, T. D. Adlerman, G. H. Powell, J. A. Munk.
Place of Meeting.....Colorado, Springs, Colo., 1921.

ATTENTION!

The program of the National Eclectic Medical Association for the meeting in June will comprise five sections, and the sections are in charge of the following officers. It is urgently requested that those who are asked to write, and those who will volunteer papers send their subjects at once to either the chairman or secretary of the section under which their paper will appear. *Do this now that the program may appear in the June Quarterly.* The sections and officers are:

Practice of Medicine—*Chairman,* Dr. W. S. Glenn, State College, Pennsylvania; *Secretary,* Dr. J. W. Pruitt, 6006 Virginia Ave., St. Louis, Missouri.

Surgery—*Chairman,* Dr. O. C. Welbourn, 818 Security Bldg., Los Angeles, California; *Secretary,* Dr. W. L. Hulse, 16491 Woodward Ave., Detroit, Michigan.

OBSTETRICS, DISEASES OF WOMEN AND CHILDREN—*Chairman*, Dr. M. E. Welker, 952 W. Eighth St., Cincinnati, Ohio; *Secretary*, Dr. W. H. Moreland, Tyronza, Arkansas.

MATERIA MEDICA AND THERAPEUTICS—*Chairman*, Dr. F. H. Crowell, Lawrence, Michigan; *Secretary*, Dr. J. D. Smith, 208 E. Third St., Dayton, Ohio.

SPECIALTIES (Eye, Ear, Nose and Throat; Mental and Nervous Diseases; Skin, Electricity, etc.)—*Chairman*, Dr. T. D. Adlerman, 690 St. Mark's Ave., Brooklyn, New York; *Secretary*, Dr. W. E. Daniels, Long Beach, California.

H. W. FELTER.

ECLECTIC STATE SOCIETIES.

Arkansas—President, Geo. F. Jackson, M.D., Little Rock; Secretary, Samuel G. Boyce, M. D., Little Rock. Next meeting at Little Rock, May 11-12, 1921. Fee, $3.00.

California—President, D. A. Stevens, M. D., Los Angeles; Secretary, W. E. Daniels, M.D., Long Beach. Next meeting May, 1921. Fee, $4.00.

Connecticut—Secretary, J. F. Keegan, M.D., 1400 Stratford Avenue, Bridgeport. Fee, $5.00.

Florida—President, S. S. Sisson, M.D., Jacksonville; Secretary, B. A. Chapman, M.D., Professional Building, Jacksonville. Fee, $5.00.

Georgia—President, John Powell, M.D., Atlanta; Secretary, Dan Griffith, M.D., 816 Grant Building, Atlanta. Fee, $4.00.

Illinois—President, Chas Woodward, M.D., 2029 Bissell Street, Chicago; Secretary, E. G. Trowbridge, M. D., 29 E. Madison Street, Chicago. Fee, $4.00.

Iowa—President, M. B. Stine, M.D., 1115 Fleming Building, Des Moines; Secretary, E. E. Gadd, M.D., 915 Fleming Building, Des Moines. Next meeting at Des Moines, May, 1921. Fee, $4.00.

Kansas—President, Homer Michener, M.D., Wichita; Secretary, Geo. H. Shirley, M. D., 137 N. Main Street, Wichita. Next meeting June, 1921, at Wichita. Fee, $4.00.

Kentucky—President, M. J. Sauter, M.D., Newport; Secretary, J. C. Mitchell, M.D., 904 Fifth Street, Louisville. Fees, new, $4.00; reinstatement, $3.00.

Massachusetts—President, R. W. Powers, M. D., Boston; Secretary, Harold W. McKinney, M. D., 79 Warren St., Boston. Next meeting Jan. 5, 6, 7, 1921, at Boston. Fee, $5.00

Michigan—President, E. E. Brunson, M. D., Ganges; Secretary, C. S. Sackett, M.D., Charlotte. Fee, $5.00.

Missouri—President, J. F. Wagner, M.D., Greenville; Secretary, B. J. Wiesner, M. D., 2116 Russell Avenue, St. Louis. Next meeting at St. Louis, May 10, 1921. Fee, $4.00.

Nebraska—President, L. C. Bowman, M.D., Loup City; Secretary, H. B. Metheny, M.D., Pleasant Dale. Meets May, 1921, at Lincoln. Fee, $5.00.

New Jersey—President, Geo. E. Potter, M. D., Newark; Secretary, A. Liva, M.D., Lyndhurst. Next meeting, November 2, 1920. Fee, $4.00.

New York—President, L. B. Dawley, M.D., Westtown; Secretary, T. D. Adlerman, M. D., 696 St. Marks Avenue, Brooklyn. Next meeting at Albany, March 1921. Fee, $5.00.

Ohio—President, W. F. Lehr, M.D., Arlington; Secretary, J. F. Wuist, M.D., Fifth and Garfield, Dayton. Next meeting, Columbus, May 17, 18 and 19, 1921. Fee, $5.00.

Oklahoma—President, I. A. Lee, M.D., Erick; Secretary, T. L. Sharp, M.D., Orlando. Meets at Oklahoma City, May, 1921. Fee, $4.00.

Pennsylvania—President, H. H. Miller, M.D., Johnstown; Secretary, M. V. Hazen, M.D., 211 Locust Street, Harrisburg. Next meeting at Harrisburg, last week in May, 1921. Fee, $4.00.

South Dakota—President, H. E., Kellogg, M.D., Madison; Secretary, W. P. Collins, M.D., Howard. Fee, $4.00.

Tennessee—President, George M. Hite, M.D., Nashville; Secretary, J. O. Cummins, M.D., 512 Church Street, Nashville. Next meeting, Nashville, May, 1921. Fee, $4.00.

Texas—President, Geo, A. Taylor, M. D., Bettie; Secretary, H. H. Blankmeyer, Aransas Pass. Next meeting at Houston, October 26-27, 1921. Fees, $4.00; reinstatement, $5.00.

Wisconsin.—President, R. C., Rodecker, M.D., Holcombe; Secretary, R. H. Herbert, M.D., La Crosse. Fee, $4.00.

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Drake, Ky., Route 1, Jan. 25, 1921.

Dean of the Eclectic Medical College:

Sir—We are much in need of a doctor in our community. We could give you a petition of two or three hundred families, who are at present without a family doctor. We had a good Eclectic in this community who died, and three other doctors retired on account of age. This is a good farming community, with roads fairly level and better than the average in the State. For reference we can give the merchants at Gold City, Temperance and Hilsdale, whose address is Franklin, Ky., Route 7. Also the merchants at Drake and Smith's Mill, address Drake, Ky.

I will be pleased to receive any information you can give me. Will you please put notice in the Eclectic Medical Journal? I would also be pleased if you would send me a copy of the Journal.

W. H. YOKLEY, Drake, Ky., Route 1.

NEW APPLICATIONS FOR MEMBERSHIP.

NOVEMBER 22, 1920 TO FEBRUARY 12, 1921.

Illinois—Grimes, R. J., Centralia; Green, Jos. H., Chicago.

Indiana—Flora, John A., Bringhurst; Waite, Earl L., Rochester; McFarland, John, Millgrove; Ramsey, R. B., Hagerstown.,

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Nebraska—Palmer, K. Paige, Holdredge; Welsh, M. G., Edison; Ingram, J. E., Harvard.

New Jersey—Halpern, Sophia Levinson, West Hoboken.

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Pennsylvania—Crawford, L. F., Tyrone; Heindel, O. J., New Castle; Newill, D. S., Donegal; Marshall, W. J., Geneva.

Texas—Hillman, A., Strawn; Hines, J. F., San Antonio.

West Virgina—Crow, Wm. F., Glen Easton; Lambert, A. C., Charleston; Morgan, D. Edw., Wheeling; Joseph, G. M., Morgantown.

Wyoming—Adkins, R. E., Lovell.

Professor Charles T. Greve will give a special course of lectures on Medical Jurisprudence to the Senior Class, at the Eclectic Medical College, every Thursday, 4 to 5 p. m., beginning March 8, 1921. All local Eclectic physicians are cordially invited.

READING NOTICES.

ALCOHOLIC MANIA—In treating the over-stimulation of the cerebral centers by the excessive use of alcoholic beverages, Peacock's Bromides invariably exerts a highly satisfactory sedative action. When the mania is active, doses of one to two tablespoonfuls may be given ever hour or two with every confidence that the desired quieting effect will be produced, without the slightest danger, or irritation of the gastric mucosa.

GONORRHEA IN WOMEN—The application of an aqueous solution of iodine in connection with the administration of sanmetto is recommended in the treatment of gonorrhea in women on account of its ability to penetrate the subepithelial structures and deeper glands. It is also a stimulant, a counter-irritant, and an alterative. The aqueous solution (Liquor iodi compositus) is used because of the pain caused by alcoholic tincture. The gonococci disappear early from the secretions, intrapelvic extension is far less frequent, and there is little pain. The entire course of treatment is comparatively short and causes but little trouble to either patient or physician. In acute and sub-acute cases, where vaginitis or vulvitis is present, the patient should be directed to use one teaspoonful of the solution to two quarts of warm water as a douche twice daily. In the chronic and mildly inflammatory cases the strength should be gradually raised from one to two teaspoonfuls, or until the patient begins to experience a burning or smarting sensation

indicating the limit of increase, the sannetto to be administered in teaspoonful doses four times daily throughout the treatment.

In malarial conditions a diuretic is not indicated as often as the symptoms suggest, as one always has to content with a torpid liver that is throwing a part of its work on the kidneys, meaning double duty for the latter. In such cases the rational treatment is to use some agent which will stimulate all the excretory organs, dividing the duty of each and causing thorough elimination. Tongaline, either alone or in combination with other agents, as indicated, will invariably expel the malarial and other poisons promptly and thoroughly.

Malaria—Although one hears less of malaria than of some other widespread destructive diseases, it is a question whether on the whole malaria does not do more injury to health than any other disease. In the first place, there is no disease more widely disseminated than malaria and no disease, given favoring conditions, which will spread more rapidly. Malaria is an active disease in many parts of this country and taxes the abilities and resources of the members of the Public Health Service to hold it at bay. In treating malarial conditions the cathartic, diuretic and prophylactic properties of Tongolnie will greatly stimulate the action of the Quinine and will invariably secure more prompt and satisfactory results than the use of Quinine alone. Furthermore, after the acute form of malarial fever are checked by Quinine, a slow form of fever sometimes persists, not amenable to this drug, and in such cases Tongaline and Quinine Tablets are particularly indicated.

Recent editions of the U. S,. Pharmacopoeia have included requirements for standardization of a number of products; to be exact, there are forty-four on which chemical standardization is required, and four on which physiological standardization is required. It is a favorable sign that some of the large manufacturing pharmacists are exceeding the legal requirements in this direction, and are standardizing other additional products, not required by the U. S. P. "One Hunderd and Sixty Plus" is the title of a little folder recently issued on ths subject, the point of which is to explain that in addition to the forty-eight products required to be standardized by the U. S. P., 160 other products are standardized in their laboratories. A copy of this folder and any additional information which may be desired regarding the question of drug standardization may be secured by writing to H. K. Mulford Company, Philadelphia, Pa., and mentioning this publication.

Journal and Quarterly Binding.

Journal binding has been increasing steadily for several years, like everything else, due to the high cost of living. We have always had a few journals bound in plain green cloth, at cost price, for a few of our customers. The price has steadily increased from 85 cents to $1.35 per volume, the latter being the best price we can secure for this year. Any of our subscribers who are keeping their journals bound can send in the old copies by parcel post, and they will be bound at the rate of $1.35 per volume, uniformly, and returned by express collect.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOL. XII. CINCINNATI, JUNE, 1921. No. 4.

ANEMOPSIS CALIFORNICA—A PLEASANT, NON-POISONOUS, MUCOUS-MEMBRANE REMEDY.

WM. P. BEST, M.D., INDIANAPOLIS, IND.

Bibliography.—1877, Dr. W. H. George in *Eclectic Medical Journal;* 1878, Dr. E. Palmer, in *American Journal of Pharmacy;* 1880, John Uri Lloyd in *American Journal of Pharmacy;* 1881, John Uri Lloyd, paper before American Pharmaceutical Association; 1907, J. A. Munk in address before the National Eclectic Medical Association; 1909, Dr. J. A. Munk in *California Eclectic Medical Journal;* 1909, Dr. John Fearn, in *Ellingwood's Therapeutist;* 1909, Dr. H. T. Webster, in *Cincinnati Eclectic Medical Journal.*

History.—In 1876 Dr. W. H. George, an Eclectic physician of Independence, Inyo County, Cal., sent the root of this plant to John Uri Lloyd, stating that it was used by the Indians and Mexicans under the name *yerba del manza,* its field of usefulness being that of a stimulant to the mucous membrane, and a remedy in throat, bowel and venereal diseases. This report of Dr. George was corroborated by Dr. E. Palmer (*American Journal of Pharmacy,* 1878, p. 489.).

Constituents.—The drug was assayed by John Uri Lloyd in 1878, who identified in it a peculiarly interesting volatile oil, an acrid resin, and red tannates (but no alkaloids of consequence), these characteristic constituents being described by him in the *American Journal of Pharmacy,* 1880.

Therapeutic Records.—Drs. O. S. Laws, J. A. Munk, John Fearn, H. T. Webster, Edward Palmer and others have devoted many years to the clinical investigation and therapeutic record of this remedy. Their reports may be found in current medical and pharmaceutical journals from 1880 to 1909. Many other physicians have also united in its study in the thirty years that have passed since its first introduction by Dr. George, and many others are now using the remedy in their practice. The united report is to the effect that anemopsis is an exceptional stimulant to the mucous membrane, deserving the utmost confidence and most extensive application. The American Dispensatory (Felter and Lloyd, 1898) gives to anemopsis an extensive notice.

Preparations.—Since the field of anemopsis is largely that of a spray in mucous membrane disease, any preparation made therefrom should be soluble in water, in order that a clear solution may result from the dilution. This

is a puzzling problem, because, as shown by Lloyd in 1880, the ordinary tincture does not fulfill this condition, while an aqueous percolate does not carry the therapeutic qualities of the drug. Nor does any single constituent give the drug's final field of usefulness.

Specific Medicine Anemopsis.—This preparation was finally devised (after thirty years' study) to specifically represent the drug. It has an amber red color, a pungent, aromatic, pleasant odor, a sweet astringent taste, imparting a warming sensation and a pleasant tingling to the tongue and membranes. It is antiseptic and stimulating by reason of the natural tannates, thus presenting qualities distinct from those of any other drug or remedy. It mixes with alcohol, water, glycerine, and with mixtures of the same, producing a liquid nearly or quite transparent, possessed of the characteristic qualities of the drug. A few drops of the remedy will strongly flavor an ounce of water. The preparation is now of such quality as to merit a prominent position among Lloyd Brothers' Specific Medicines.

Uses.—The writers mentioned above have found use for this drug and recommend it for nasal catarrh; a full stuffy sensation in the head and throat. Dr. Munk writes: "The medicine need not always be prescribed in one single unvarying formula, but its strength should be regulated to meet the requirements of each individual case. For a child or over-sensitive patient, it should always be used weak, especially in the beginning of the treatment. If the disease has become chronic, a stronger mixture should be used. Cases of rhinitis call for mild treatment. When the spray first touches the Schneiderian membrane of the average patient, it causes a decidedly warm, not to say (when concentrated) painful sensation, which excites a copious secretion from the nose. The unpleasant feeling of irritation soon passes away, and with it the full, stuffy sensation in the head that always accompanies catarrh. The nostrils are thus cleansed of the secretion, the congested pituitary membrane relieved, and breathing by the nasal route re-established. Anemopsis is indicated in all colds of the nose and throat, either acute or chronic."

* * *

This is a small perennial plant growing in damp situations in the southern part of California and northern Mexico. The leaves are mostly radical, smooth, of a firm texture, and borne on sheathing petioles. The stem is about six inches high, bearing a clasping leaf near the middle, and terminating in a spike of flowers. The flowers are small, apetalous, cohering into a thick spadix, which is surrounded at the base by about six petaloid bracts, giving the entire inflorescence the appearance of a single terminal flower. A prominent character of the plant is its tendency to produce stolons.

In 1876 the writer received a specimen of the plant through the kindness of Dr. George, of California. It was known as "Yerba Mansa" in his neighborhood and used as a domestic remedy. This specimen was fresh, and upon cultivation grew vigorously, passing the hard winter of 1878-79 with impunity. The characteristics of the native grown plants were pre-

served, but while there was a rapid increase in the number of plants by means of runners, none have blossomed.

The plant, which belongs to the order *Saururaceae,* was noticed in this journal December, 1878, p. 589, by Dr. Edward Palmer in his interesting article upon "Plants Used by the Indians of the United States," as follows:

"The root of this plant is a great remedy among the Indians of Arizona and Sonora, in Mexico and Southern California. It has a strong peppery taste and odor. A tea made from the roots and a powder prepared from the same and applied to venereal sores are great remedies. The powder is advantageously used on cuts and sores, as it is very astringent. The leaves, after being wilted, and applied to swellings, are a sure cure."

In connection with this the following examination may be of interest:

All parts of the plant exhale, when broken, a pungent, disagreeable, penetrating odor. The taste is aromatic and peppery. Alcohol readily extracts all the sensible characteristics. Water simply becomes flavored when boiled with the root, the filtrate being astringent and highly charged with glucose. It does not afford precipitates with the usual reagents for alkaloids. The odor and taste of the plant are derived from a volatile oil; this is obtained, according to our experiments, in the proportion of six fluid drachms to the avoirdupois pound by distilling the dried root with water.

Essential Oil, A.—This is heavier than water, yellowish, very refractive and to the taste sharp, pungent and possessing in a high degree the characteristic odor and flavor of the plant. It dissolves in all proportions in alcohol, ether, chloroform and carbon disulphide. When mixed with an equal bulk of sulphuric acid, heat is evolved, and a thick, dark red liquid results. This dissolves in alcohol and chloroform, with the production of a beautiful red color; is insoluble in ether, but becomes thinner when mixed with it and permitted to separate. This substance does not retain the odor of the oil.

When the essential oil is poured upon the surface of freshly prepared nitro-muriatic acid in a test-tube and gently agitated, it turns blue; then with evolution of nitric oxide and a sudden increase of temperature decomposes, the result being a brownish, resinous substance; the natural odor of the oil disappears, and the underlying acid changes to a red color.

When the essential oil is in like manner poured upon the surface of hydrochloric acid and gently agitated, a gradual change in color to deep blue results; in the course of twenty hours passes into violet, then changes to purple, and lastly to brown. The natural odor of the oil remains.

After distillation with water the root has a slight odor of the oil, an astringent taste and a benumbing action upon the tongue.

Alcohol seems to extract all the sensible properties of the recently dried root. When percolated with this menstruum a dark reddish tincture results. Upon evaporating from it the alcohol at 150° F. the residuum separates into a reddish oil, *B,* and a stiff gummy substance, *C.*

Characteristics of the Oil, B.—It is heavier than water. The odor and taste is exactly like that imparted when the root is chewed. It dissolves in alcohol, ether, chloroform and disulphide of carbon, but from the latter solu-

tion a small amount of flocculent, reddish matter separates. When the solution in disulphide of carbon is filtered and evaporated, a light-colored oil results, seemingly similar to the essential oil A, obtained by distillation, the color being somewhat darker. The flocculent red precipitate is astringent and deliquescent, absorbing moisture and forming a red liquid. It is the material that gives the red color to the oil *B* and constitutes a considerable proportion of the bulk of the

Gummy Substance, C.—This is purified from adhering oil by trituration with carbon disulphide, the residuum being granular, astringent and peppery, and of a brownish color, soluble in dilute alcohol, and mostly soluble in glycerine. It dries by exposure to cool atmosphere, but melts to a red, varnish-like substance at a temperature of 125° to 150° F. When the dry powder is triturated with water, a flocculent substance remains, astringent to the taste, soluble in glycerine, alcohol and dilute alcohol; insoluble in chloroform, ether and carbon disulphide; precipitates black from solution in glycerine and dilute alcohol, with ferrous sulphate, and is negative to action of the usual precipitants for alkaloids. The filtrate from the precipitate C, after rubbing with water, is almost colorless, astringent, precipitates black with ferrous sulphate, and when boiled with Fehling's solution yields a heavy red precipitate. It fails to respond to reagents for alkaloids. When the precipitate *C* is triturated with ether and chloroform a portion dissolves and an astringent substance remains, which deliquesces upon exposure, forming a red gummy substance, eventually liquefying. This seems to be the same as the substance that separated from the oil *B* by the action of carbon disulphide.

The residuum within the percolator, after extraction with alcohol, seemed thoroughly exhausted. Water and acidulated water are somewhat astringent after maceration with it, odorless, react with Fehling's solution, but not with tests for alkaloids. Ether and disulphide of carbon fail to extract a vegetable wax, resin or other constituent worthy of attention, and inert extractive matter and mineral salts of no importance, together with woody matter, thus far have been found.—J. U. Lloyd, in *American Journal of Pharmacy*, 1880.

* * *

Some years ago I read a paper on anemopsis or yerba mansa before the Southern California Eclectic Medical Association, as a new remedy for catarrh. Since then I have had occasion to prescribe it frequently, and invariably with satisfactory results.

As I recollect, Dr. O. S. Laws, of this city, first called attention to this agent as a remedy, about ten years ago, and recommended its use in nasal catarrh. When I read his account I was curious to try it. As it was not in the market, but grows plentifully in this vicinity, I dug some of the roots on one of my drives into the country. I filled a quart fruit jar with freshly dried, crushed root and covered it with strong alcohol. After macerating two weeks, the fluid was decanted and filtered, which yielded a dark, wine-colored, saturated tincture with the characteristic aroma and flavor of the root.

The plant grows on low, damp, alkali land, and, under favorable conditions, takes complete possession of the soil. The fields where it is found

growing are usually pasture land where cattle roam and feed the year round. The cattle eat it as freely as grass, and if it is too closely cropped or much tramped upon its growth becomes stunted, and, when it is subjected to continued rough usage, eventually dies. It flourishes best on wild unused land in soil composed of a sandy loam and a dash of alkali. Under normal conditions it is a hardy, virile plant that is not easily vanquished, and will even smother out the persistent salt-grass which is its constant companion and competitor for space in which to spread. In this contest for supremacy between the two plants, it is as if knights met and clashed in mortal combat. In resentment of the uncomfortable crowding of the larger root of the anemopsis for more room, the smaller but aggressive needle-pointed salt-grass root often pierces entirely through the body of its antagonist, but not fatally, as in a final death struggle, under even chances, the anemopsis is apt to be the victor.

The entire plant is medicinal and is used by the natives as a sovereign remedy for many simple ailments, from which household use it has acquired, in the local vernacular, its popular name of Yerba Mansa.

Although the whole plant is medicinal, yet the root is the part that is mostly used. It grows in the form of a rhizome that is about an inch thick and from two to six inches long, with many rootlets extending downward from below. Externally it is of a dark color but is pink internally, and its fleshy substance breaks readily with a smooth fracture. The root is aromatic, pungent and astringent. In appearance the growing plant resembles plantain. Its white, starry blossoms resting on a bed of pale-green leaves makes a pretty picture. Wherever the plant grows it fills the air with its pleasant fragrance. It propagates both by the seed and by runners, rooting at the joints like the strawberry vine.

The anemopsis seems to possess many healing virtues, but its principal value is in curing nasal catarrh. As catarrh is such a common malady that there is scarcely a person living but what has a touch of the disease, its importance as a remedy becomes at once apparent. If anemopsis is in fact such a remedy and does actually cure catarrh, as is claimed, it is indeed invaluable and should be included in the list of specific medicines.

The manner of its use in nasal catarrh is by making a local application to the nose in the form of a spray with an atomizer. The Griffin atomizer I find is the best adapted for this purpose, although any one of the many other atomizers in use may answer the same purpose. It doubtless can also be used successfully in a nebulizer by combining the tincture with a bland oil, but I have never had occasion to use it in this manner. The medicine need not always be prescribed in one single unvarying formula, but its strength should be regulated to meet the requirements of each individual case. In a child or an over-sensitive patient it should always be used weak, especially in beginning the treatment. Cases of acute rhinitis also call for mild treatment. After the disease has become chronic, a stronger mixture can be employed. When the spray first touches the Schneiderian membrane of the average patient it causes a decidedly warm, not to say painful sensation, which excites

a copious secretion and discharge of mucus from the nose. The unpleasant feeling of irritation soon passes away; and with it the full, stuffy sensation in the head that always accompanies catarrh. The nostrils are thus cleansed of secretion, the congested pituitary membrane relieved and breathing by the nasal route re-established. It is indicated in all colds of the head and in catarrh of the nose and throat, either acute or chronic. I keep an atomizer constantly charged ready to use in emergencies and employ it promptly on the first hint of a cold, which usually ends the attack. From one to half a dozen applications can be made during the day, according to the nature of the case. As a rule an acute attack yields quickly to the treatment, but a chronic case naturally requires more time to effect a cure. It is my custom to refer bad cases of catarrh to a nose specialist, because it is professional to do so. In two instances that I remember the patients came back after a time saying that they wanted some more of my catarrh medicine, as it had benefited them more than anything the specialist had used.

I ordinarily prepare the remedy for use in a two-ounce mixture, as that quantity about fills the atomizer. From five to thirty drops of the tincture of anemopsis are put into a two-ounce bottle with one dram of glycerine. The vial is then filled with water and shaken, when it is ready for use. By experimenting I found that if only the tincture is added to water the mixture becomes cloudy and deposits a sediment that obstructs the atomizer. I can not say what constituent element makes the water turbid, but the mixture is unsatisfactory for use in an atomizer. When the glycerine is added the mixture is still opaque, but the ingredients do not separate or form a deposit. The liquid, though opaque, takes on a pinkish, opalescent hue and clarifies perfectly by long standing. It will keep for an indefinite time in any kind of weather, and I have never known the mixture to sour or spoil. The anemopsis must possess some inherent antiseptic property to preserve the mixture thus, as there is not enough of either alcohol or glycerine to keep it from spoiling. In applying the spray the head should be thrown slightly backward and the spray snuffed up the nose until it is felt or tasted in the throat. Sometimes it needs to be used with a suitable tube and tip through the mouth and the spray thrown directly into the post-nasal passage, palate and pharynx. The taste of the medicine is not unpleasant, and if any of the fluid is swallowed during the act of spraying no harm can possibly result, as it is intended for both local and internal use.

I have administered the anemopsis almost exclusively for catarrh of the nose, but do not doubt that it is healing to all mucous surfaces. I also prescribe it internally for cough and cold in the chest, and find it beneficial in catarrhal conditions of the alimentary tract. It is a valuable alterative and may be given in syphilis, scrofula and consumption. It acts efficiently with gelsemium and echinacea in catarrhal conditions accompanied with fever or septicemia. As a new remedy anemopsis promises much and deserves to be fully investigated.

I have on the table recent specimens of the foliage and root of the plant for inspection. A sample of the saturated tincture is likewise furnished, and

mixtures of the tincture with water, and water and glycerine, which show the difference in miscibility. There is also a Griffin atomizer, charged, indicating the style of the instrument and manner of use.—J. A. MUNK, M.D., in *California Eclectic Medical Journal,* February, 1909, p. 77.

* * *

This agent is variously known by the common appellations, yerba del manzo, yerba manza and yerba mansa, though a Spanish scholar might be able to reduce them to a single term, correctly applied. In recent years the remedy has been brought to our renewed attention through the good offices of Drs. Laws and Munk, of Los Angeles. It has a previous history in the archives of Eclectic medicine, however, for record was made of it by Dr. John Fearn nearly thirty years ago. In 1890 another record of it was made by an Eclectic writer, Dr. Fred. S. Oliver, though both these announcements attracted little attention, and had it not been for the testimonials of Drs. Laws and Munk they might possibly have passed into oblivion.

A paper read by Dr. Munk before the Los Angeles County Medical Society within the past few months has revived interest in the subject, and I deem it of some value to my readers to discuss the history, botany and therapeutics of the agent, and its status before its reintroduction by Dr. Laws.

In the recent past Dr. Fearn informed me that his attention had been called to this subject a long time ago; that he had investigated it cursorily, and had recorded some of his knowledge of the remedy from hearsay and experiment in our local journal. Referring to old files, I found his statement borne out, though he informs me that he used it upon different occasions after the time of his communication. To be concise, Dr. Fearn contributed the following article for publication in April, 1880. It is entitled "Anemopsis Californica, or Yerbo del Manzo:"

"Among the indigenous remedies of California that will come into considerable use in the near future, we think we may safely place in the front rank the plant whose name stands at the head of this paper. My attention was first called to it nearly four years ago by my friend W. H. George, M.D., now of Independence, Inyo County, California. Dr. George sent a specimen of the plant last summer to Mr. C. G. Lloyd for analysis. The result of Mr. Lloyd's investigations may be found in the *Eclectic Medical Journal* for January, this year. He says: 'The plant proved to be Anemopsis Californica, of the natural order *Saururaceae.* It is a low perennial, about a foot high, found growing in wet soils in southern California and Mexico. It sends up a simple, erect stem, about a foot high, which bears a single clasping leaf about the middle and ends in a head of flowers. The leaves, which are mostly borne from the root, are thick, firm, entirely smooth, and on leaf stocks, are pubescent on the edges. A prominent characteristic of the plant is the long stolons which it sends out, much after the manner of the strawberry. The flowers are small, numerous, and borne in a dense terminal spike, which is surrounded at the base by about six petaloid bracts that give the whole inflorescence the appearance of a single terminal flower.' Thus for Mr. Lloyd's description; and I have been particular to give it, so that those practitioners living in the country may look out for it and test it in practice.

"Of course, our knowledge of its therapeutical properties is limited. The whites and the Mexicans have used it for years as a domestic remedy. The

root is the part used, and if taken and chewed it soon gives proof of very decided medical properties as a tonic, stimulant, astringent and aromatic. It also has considerable reputation as an alterative. Dr. George tells me that the natives, or Spanish population, hold it as a panacea. Yerba santa they very highly esteem, but the yerba del manzo, as a universal remedy, they think far excels it. The doctor has frequently used it in bowel complaints, where its stimulant and astringent properties make it valuable.

"Also in gonorrhea and that class of urinary difficulties where cubebs are found beneficial. As an anti-emetic, he used one or two drops of fluid extract in a teaspoonful of water with good effect. In one case of malaria, where quinine had failed, the yerba del manzo wrought a cure under the doctor's observation.

"As an external remedy it is used extensively in abrasions, bruises and indolent ulcers. In lung troubles, especially in the alleviation of severe cough, it has a great reputation, and the doctor's remarks are strengthened by a circumstance which took place a few days ago. Mr. Van Winkle, of Colusa County, called at my office with a plant, and asked me to try and find out what it was. He said the natives were using it in consumption with marked benefit; in some cases it seemed to have the power to lengthen life when other remedies were of little avail. I examined the plant and told him it was the Anemopsis Californica.

"Although we do not expect this plant to turn out a universal panacea for all the ills that flesh is heir to, yet from what I have stated it will be seen that it deserves notice; and Dr. George deserves great credit for adding to our medical armamentarium another remedy which promises to be very valuable. I may say I have been informed that for a long time the plant was kept a secret as regards its worth by the natives, and that is one reason why it has not come into general use before now.

"I have prepared a fluid extract, dose from one to twenty drops, or even more, according to indications to be met. I have only prescribed it as yet in one case, therefore can not speak experimentally, but I am favorably impressed by it. At another time I may have more to say about anemopsis, or yerba del manzo."

Another communication relative to this agent is in my possession, dated at Los Olivos, Cal., February 2, 1890. The author was Fred. S. Oliver, who attended a course of lectures with his father in the college two years before. His father was an old Homeopathic practitioner and came to the college to attend a post-graduate course, bringing his son with him. He then removed to southern California and entered practice, but died there within a year or two. Fred. lacked the means to resume his medical courses, but remained an enthusiastic student of therapeutics. I received several letters from him in after-years, and among them is the following, which bears upon our subject:

Dear Friend:—In view of facts of materia medica learned since last year, this month, I owe you a letter. Prior to the demise of my father he had an experience with an herb which, if I were a Spiritualist, I would say he was directed to use in a typhoid epidemic here. I gathered the herb, which I never saw growing elsewhere than in this valley. He used it, without faith, but used it. He made a strong tea—the strongest. In the three last cases of this epidemic only did he give it; and not in those until baptisia and the whole range of remedies known to him were proven of no use. The patients, two small children and an old man, he had all but given up as dying; but the first day's use of the herb worked a wondrous change. In five days his smaller

patients were 'whooping it up' about the house. Then their mother (unknown to Dr. O.) fed them on custard pie and chicken stew. Relapse, serious indeed, and again despair of life. Another resort to the herb, and again recovery. The children went to Sunday school three weeks after. And the third case? The old man, aged fifty-four, was also taken with relapse and bloody dysentery, but in a month he was walking about town.

"And now another herb, that grows here and in northern California also. I know no name for it. It is a Mexican remedy for diarrhea. I suffered for two months last summer with a mucous diarrhea, which ever and anon became bloody flux. Nothing cured, any more than when I suffered so just before leaving San Francisco. Finally, a Mexican said. 'Use what I will give you.' Similarly, another Mexican told some one, somewhere, 'Use this, and this,' and behold, as a result yerba santa and yerba manza in our materia medica. Well, I used what he gave, by a strong infusion, in small doses every hour. Next day I ate an apple and some apricots, and yet I did not suffer a relapse. In three weeks I had recurrence, and cured it as promptly as before.

"Of this dysenteric curative I wrote to E. M. Hale, M.D., of Hale's New Remedies, and offered to send him a pack of the herb, which is as good dried as fresh. He superciliously said he cared not to know or try the herb, which, from my description, was likely pennyroyal. But, Dr. Webster, it is not pennyroyal, and I know it. If you wish, I will send you as much as you ask for, because I have enough in sacks to cure Oakland of dysentery if that city gets sick so. I gathered it on purpose for gratuitous distribution.

"And now—no, I have no more herbs to dispense, but a bit of personal clinical experience. Last Saturday I was awakened at night with ocular pain. Lachrymation terrible. Eyes ached as if they would burst and their expansion of globe beyond sockets. Smarting intense and photophobia extreme. Thought I must lose my vision. Mother gave belladonna, euphrasia, arsenicum, and hepar sulph.; very little relief. I stopped the lachrymation with allium cepa, dose gtt. ii every hour. Applied locally thus: Cimicifuga racemosa, gtt. xx; anemopsis (yerba manza), gtt. xxx; aqua ad. oz. iv. Also weak natrum mur. in water. And in two days the photophobia, the palpebral granulations, the pain and all the other symptoms were gone entirely, and I was again abusing my optics with night reading and study."

What follows is not germane to the subject in hand and will be omitted. It has reference to the struggles, hopes and aims of a medical student, but the poor fellow inherited a delicate constitution and feeble vitality and his death occurred a few years after the reception of this letter.

Dysentery is a rare disease in Oakland, and as I was absorbed in preparing for a trip to Europe at the time, I neglected to avail myself of the kind offer of a gratuitous shipment of the herbs, one of which, I believe, would have proven to be anemopsis.

We have the testimony of several observers as to the potency of this drug as a curative in both acute and chronic disease; and in several instances this testimony is the result of independent and isolated research. Some who have employed it are enthusiastic as to its merits, therefore we may feel that it is more deserving of notice than the average new remedy, and that it ought to be accorded a wider field of investigation. Specific medication clubs might here do the profession a service by settling the question as to its value and as to its proper place and sphere as a specific remedy.

There can be no question as to the testimony we have had, except in the

letter of Mr. Oliver. He leaves us in some perplexity as to whether this plant was employed in the typhoid epidemic or in the case of bloody flux, or in both. It certainly must have been used in one case, for it is mentioned by both vulgar and botanical name.—HERBERT T. WEBSTER, M.D., in *Eclectic Medical Journal,* 1909, p. 336.

* * *

Soon after the U. S. became directly involved in the World War it became apparent that many of our remedies must be conserved. Among those which we used freely, and considered very valuable, was euphrasia.

The specific medicine euphrasia is one of the most valuable we have for the treatment of acute rhinitis and pharyngitis. Sneezing, irritation of the Schneiderian membrane, profuse lachrymation, with or without a bodily sense of chilliness, are specific symptoms well met by this agent. Recalling the catarrhal type of influenza and the well nigh universal epidemic of this character last winter, we were at once at a loss for a remedy to meet these conditions since euphrasia was unobtainable.

Having read of, and used to a slight degree, the Anemopsis Californica, especially articles by Drs. Munk and O. S. Coffin, it occurred to the writer that anemopsis might, in some degree at least, be used in the place of euphrasia. We at once began a study with this thought in view. Soon we observed that results were similar in most particulars, but it developed that the remedy is very disagreeable to some patients, and not easily miscible in water, a flaky pinkish white precipitate separating in watery solutions. This we learned to overcome by using a small amount of syrup or glycerine, at the same time partially overcoming the unpleasant taste.

We are not so well pleased with the remedy for children, not that the effect is not satisfactory, but many children complain bitterly of the disagreeable medicine.

So far as our study has extended, we feel that in anemopsis we have a remedy but little if at all inferior to euphrasia, but not nearly so pleasant to take.

Recently we obtained some more euphrasia of Ehrhart & Karl, Homeopathic pharmacists of Chicago, and a closer comparative study of the remedies leads to confirmation of our former conclusions as to the relative usefulness and applicability of the two drugs to practically the same specific symptomatology. A nice way to administer the anemopsis is to take the quantity needed—from one to two drachms, add glycerine one-half ounce, and then water q. s. to make two ounces. Mix. Sig.: One-half teaspoonful every one or two hours as the urgency of the case may require.

It is miscible—if desirable—with a simple cough remedy, but it is best studied alone.

One other use of the remedy—anemopsis—which has impressed me favorably is for colitis, with copious mucous dejections. Its influence on chronic cases of this type is marked. The discharge is lessened rapidly, the toxemia from which such patients suffer is lessened, the toxic headaches are less frequent and less severe. Any remedy so easily administered, and so et-

fective for this very common condition at once commends itself to favorable consideration.

For colitis its internal administration alone is in some cases sufficient. We have also resorted to its use by mixing one or two teaspoonfuls in one-half pint of warm water and passing this well up into the colon after it has been cleansed.

In the preparation of this article I am indebted to the following: J. U. Lloyd, in *American Journal of Pharmacy,* 1880, page 4; J. A. Munk, M.D., in the *California Eclectic Medical Journal,* February, 1909, page 37; H. T. Webster, M.D., in the *Eclectic Medical Journal,* Cincinnati, Ohio, 1909, page 336, and to my friend Dr. O. S. Coffin, Indianapolis, Indiana.

LEFT-SIDED APPENDICITIS.

E. B. Shewman, M.D., Cincinnati, O.

Mty 22, 1920, I was called in consultation with Dr. Falter to see Mr. Wm. S., who had been sick for two days with all the characteristic symptoms of appendicitis, except very little rigidity, pain and tenderness in the right iliac fossa, those symptoms being more pronounced in the hypogastrium. This was thought to be due to a long mobile cecum with the appendix in the pelvis. He had a previous attack two months before but not severe and was well in a few days. Immediate operation was advised and consented to.

After removal to a hospital, a right trans-rectus incision was made. When the peritoneum was opened, a cloudy serum escaped. A search for the appendix was begun and it was located to the left of the median line walled off with adhesion of the surrounding intestines; but no omentum adhered. The appendix was dissected out and was found to be perforated.

The cecum was on the left side. An investigation of the right iliac fossa found the absence of any bowel except the coils of the small intestines. At this time it was thought that the cecum ascended on the left to the splenic flexure, made a turn from left to right, forming a short transverse colon and descending near the median line to termination in the sigmoid and rectum. Within a few hours after the operation he began hiccoughing and vomiting, which was more or less continuous. At the end of forty-eight hours, had some fecal vomiting, due to a paralytic ileus. Under local use of apothesine, I established a fecal fistula. He immediately ceased hiccoughing and vomiting. This fistula was permitted to drain until June 11, 1920 when under general anesthesia the fecal fistula was closed and a thorough investigation of the abdominal contents made. The cecum and ascending colon passed up to the left and passed down as the descending colon to the left of the cecum, the ascending colon lying in proximity. There was an absence of the transverse colon. The great omentum was very short and suspended from the greater curvature of the stomach, the ileum and jejunum was estimated to be about sixteen feet in length, some six feet shorter than normal. The ileum

entered the cecum from right to left, directly opposite the side from normal. This is not a transposition of organs but a congenital abnormality with the entire large bowel on the left side. Left sided appendix may occur from failure of the colon to rotate, the cecum being left in or near its original fetal position, but in these cases the transverse colon is not absent and the ileum enters the cecum from left to right. The Mayos have reported six cases of complete transposition of abdominal viscera. This is usually accompanied with thoracic transposition. A few other cases have been reported but found during life, other ones found at autopsy. I have found one case of partially descended cecum and appendix in which the appendix was over the right kidney. I report this case for its rarity and interesting phases and to impress upon you that appendicitis is not always on the right side.

A BRIEF RESUME OF TOXEMIA OF PREGNANCY.

HENRY E. VITOU, M.D., SOUTH BEND, IND.

Pregnancy usually pursues a natural course and ends in happy results. In no other condition of life do the border lines of health and disease run as closely to each other, and some slight irregularity may quickly change a normal to a pathological condition.

Exempting abnormal development of the fetus and anatomical deformities of the pelvis, practically all of the ills of the expectant mother are due to the absorption of toxins or auto-intoxication.

In a normal, healthy body the organs of elimination are well able to dispose of the usual toxins generated in the system. With a rapidly growing fetus and the enlargement of the uterus, the waste products are continually increasing, taxing to the very limit the eliminating powers of the kidneys. If the organs whose functions are to protect the system against auto-intoxication are in a pathological condition at the beginning of pregnancy they cannot respond to the extra exertion required, and there is thrown into the blood-stream a poison of some kind, causing a train of symptoms known as a toxemia or auto-intoxication.

As a result of auto-intoxication in pregnancy we may have a mild toxemia, the principal symptoms of which are nausea, vomiting, constipation, colic, headache, dizziness, lassitude, neuralgia, neuritis, circulatory disturbances, as shown by syncope and the more serious toxemic conditions of hyperemesis gravidarum or pernicious vomiting and eclampsia.

Morning sickness or simple vomiting is of such frequent occurrence during pregnancy that it is almost looked upon as a natural sequence of that condition. Simple vomiting may begin soon after impregnation and last through the entire period of gestation.

Usually this condition ends about the third or fourth month or at the time of quickening. This condition is probably due to reflex irritation caused by the rapid enlargement of the uterus, the large increase of blood supply required by this organ acting as an irritant to the sympathetic nerve filaments by over-stimulation.

Among the predisposing causes of vomiting of pregnancy, endometritis, chronic inflammation of the ovaries and adnexa, with adhesions as well as misplacement of the uterus, may be looked for. Numerous and diversified are the theories and the causes given for this condition.

In pernicious or uncontrollable vomiting, there is an intensified condition of the simple form. Often the one form lapses into the other so gradually that this condition is well developed before a physician is called; constant vomiting now occurs, exhaustion by continual retching; food is rejected for fear of aggravating the condition; there may be intense thirst and usually fluids taken are quickly ejected, mixed with mucus and bile, and may be streaked with blood. At this time there is a rise in the temperature at some period of the day, probably due to the absorption of toxins and lack of nourishment. With increasing temperature there is a weakening pulse. The amount of urine passed is small, offensive in ordor, containing albumen, casts and blood. Such conditions may last for several weeks, allowing time for a careful and thorough examintion, by which we may make a specific diagnosis leading to a specific treatment.

The treatment of toxemia consists of a diet that will sustain the patient and leave as little of the diseased poison in the system as possible. For this condition milk is the ideal food, to which may be added cereals in such quantities as can be properly digested. As diversified as the the symptoms, so are our aids for their correction.

Some of the medicines which I have found useful are helonias for its kindly action as a tonic on the generative organs, the stomach and the kidneys; ignatia in small doses for its soothing effects on the nervous system; chionanthus and chelidonium to assist in maintaining the proper action of the liver; eupatorium purp. and aletris for their action on the kidneys; sodii bicarb. or magnesia carb. where an alkali is indicated; echinacea and baptisia for their alterative effects. The indicated sedative should be used when needed.

To this short list might be added many other drugs, which should be prescribed when specifically indicated. As a last resort the contents of the uterus may be removed. This operation should not be done hastily, neither should it be delayed too long. It is the one specific remedy introduced by Simond in 1813, and from that time on when used in time has been the successful means of relieving the more severe forms of the toxemias of pregnancy.

WHO SHALL CIRCUMCISE THE JEWISH BOY?

M. B. Pearlstein, M.D., Brooklyn, N. Y.

In presenting this subject for your consideration, a subject that concerns millions of Jews of all classes all over the world, I fully realize that I am treading upon ground where I am sure to encounter the strong opposition of the Hebrew clergy, particularly the Orthodox, who still cling to the rites as practiced by there forefathers. The object of this address, however, is

not to interfere with the religious rites or ceremonies of circumcision, but to help teach the Jewish parents through the medical profession, the law of hygiene and preventive medicine as practiced today.

Circumcision is derived from the Latin *circum,* round about; *caesus,* cut—the act or ceremony of cutting off the foreskin, a rite widely practiced among the ancient and modern nations.

In Scripture, circumcision is defined as purifying the heart or purifying from sin.

The prevalent idea among the Hebrews is that the rite originated with Abraham, who, as recorded in Genesis, was commanded by God to circumcise himself and his whole male household and to transmit the custom to his descendants; but we find that the Egyptians were in the habit of circumcising long before Abraham was born.

In the case of Moses, as in the case of Abraham, the rite of circumcision acquired a religious significance. It was ordained to be the token or seal of the everlasting covenant between God and His people. Circumcision of the foreskin was symbolical of circumcision of the heart. And throughout the Bible the religious significance of circumcision is dwelt upon. As per Romans III, the following is quoted: "But he is a Jew, which is one inwardly, and circumcision is that of the Heart in the Spirit and not in the letter, whose practice is not of men but of God."

And all through the ages and up to modern times, circumcision among the Jews has been accepted and adhered to simply as a religious rite, and nowhere is it enjoined as a physical act.

So you see, while circumcision has proven a great factor in preventing many irritable and diseased conditions of the genito-urinary organs, it was regarded as a purely religious act.

The rite and operation for circumcision upon the Jewish boy was and still is performed by a "Mohel," who may be termed the sexual surgeon of the male Hebrew race. Many of these Mohelim, whose main business is that of a "Shochet," are connected with the live poultry markets, where they operate on the hen, duck, goose or turkey. Of course, unless one of these birds commits suicide before it reaches the hands of the Shochet, the operations are always performed successfully.

While I admit there exist Mohelim who understand a little technique and some few rules of surgical asepsis in the performance of this operation, most of them have no such knowledge and operate according to their experience in the "live poultry market."

The following is the usual method of procedure—and this I know from personal observation: The scene is usually a crowded room filled with all other gases except oxygen. A basin or a glass of warm water is handled to the Mohel (and, by the way, he does not ask whether the said basin or glass is sterilized or whether the water comes from the kitchen boiled or from the tea-kettle), some absorbent cotton, a piece of gauze or a soft rag, a piece of soap (or none), some liquid antiseptic (or none), and some form of dusting powder.

After the said Mohel prepares the part to be operated upon, which consists chiefly of ceremonies, he takes out of his coat pocket a sharp instrument, either in the form of a paper cutter or razor, and without further aseptic precaution, he proceeds to operate on the new-born sufferer. Quickly the foreskin is seized by two or three fingers of the left hand, stretched forward, forced through a metal shield and severed across. The prepuce is then broken up and drawn back with the fingers and the rest of the operation consists of either the ancient practice of sucking the gland by mouth, or through a glass tube and the bleeding is supposedly checked thereby. Then, either a rag saturated with sweet oil or a dry dusting powder is applied with a piece of gauze or soft rag, and outside of the baby half choking with the stuffed rag "tit," saturated with a solution of whiskey, sugar and water, and outside of the further religious ceremonies, the operation is thus completed.

Now, my friends, before going any further, I want to go on record as being a strong advocate of circumcision. I have preached as well as performed the operation, for over seventeen years. I have not only circumcised a large number of children, but also adults of all ages and both sexes—and I have seen many miraculous cures, both locally and reflexly, too numerous to mention. But what of the circumcision as performed by the ignorant and incompetent Mohel—and the consequences of same upon the future Jewish young man?

Let us consider such work and the consequences of same in detail and under separate headings.

1st. Phimosis or paraphimosis is very frequently met with, due to insanitary handling of the organ and hemorrhages; the infiltrated serous tissues interfere much with the calibre of the urethra and cause retention.

2nd. Sepsis and pus formation are not infrequently seen around and about the newly united frenum, and I have seen several cases where the inguinal glands were affected. It is in this class of cases that we get some skin eruptions of the genital region, which are hard to treat.

3rd. Because of the above named conditions the healing of the remnant structures is retarded and as a result improper and imperfect union takes place with some irritable scar tissue.

4th. Tubercular and syphilitic infection, while not many recorded, may be transmitted through the practice of sucking the bleeding surface of the gland. In Cracow syphilis was communicated to a large number of Jewish children through an infected condition of the Mohel's mouth.

5th. Quite frequently the newly united prepuce is found adhered to the gland after circumcision, and after breaking up same, a considerable amount of smegma is exposed. This state of affairs is almost as bad as no circumcision at all.

6th. In many instances the vertical posterior bands that form the septum of the glans penis are not broken up or separated during the operation, and as a result, these exposed bands draw the gland itself backward, producing

more or less irritation, particularly later in life when walking, running or jumping.

7th. A careful study of the newly circumcised child shows that most Mohelim, because of lack of knowledge and understanding of anatomical relationship, remove entirely too much fore skin (this, to my mind, is much worse than no circumcision at all), and because of that any number of troubles are precipitated during infancy, boyhood and manhood. And here is where I want to lay great stress on the effect it has upon the future welfare of the child. The gland is thereby exposed too much, and within a short time it attracts the child's attention. His hands are constantly making their way toward the organ, to handle himself even in his sleep. Often, indeed, the practice of abuse is thus started early in life, through no fault of the child except physical suggestion. I have seen in the last two years no less than half a dozen such cases ranging in age from three to eleven months, two of which have actually masturbated.

Is it any wonder that such Jewish boys at the adolescent age constantly seek the company of the fair sex in hallways, doorways or other darkened places? Then again, the same young men who resist the unbidden and unlawful sexual gratification are hurried with the young maidens into premature and unwise marriages or runaway matches, or otherwise unhealthy love affairs, and all together place too great an importance on sexual matters. In this way, not alone have these young men been subjected first to physical and then to mental tortures, but their natural admiration, love and respect for the fair sex has been killed, to say nothing of the moral effects they produce on the latter. Soon they become "drinkers," "gamblers," "thieves," "drug fiends" and what not. Many of these men become mentally deranged—and incurably so—and oftentimes as a last resort are borne away to the "mad house," over whose door appropriately could be inscribed: "Abandon hope, ye who enter here."

All this may seem exaggerated, but just stop for a moment and look into all that is going on among the Jewish race today. Almost every specialist in nervous and mental troubles tells us that insanity among the Jewish race is entirely out of proportion to the number as compared with the Protestants and Catholics—and it is staggering to note how the percentage is constantly creeping. I know one nerve specialist who questions whether insanity will not in time consume the Jewish race.

Of course, there are numerous and varied causes for insanity among the Hebrews, but I maintain that a goodly percentage of this woeful condition is due primarily to improper and careless circumcision.

Now the question will arise, why were these evil effects among the Jews less marked twenty-five or fifty years ago? Was it because circumcision was performed differently then? I venture to say, *no;* but in those days many of these sexual slaves married very early in life, in some instances as early as fourteen years of age, and thus many of these escaped tortures as well as the madhouse. And even among those married, many remained sexual slaves and have thrust equal burdens upon their wives.

Men and women were planned for helpmates and not to be made slaves to each other. Sexuality, like steam or electricity, is powerful only when it is under control; but these tormenting and teasing exposed glands make the individual feel, think and act sexually entirely to much. That the Jewish population is very active sexually is an established fact. Why should we allow these men to deplete their sexual systems by wallowing in sensuality?

As I stated at the beginning of this address, it is not my purpose to interfere with the religious ceremonies of circumcision of the Jewish boy, but it is my purpose and great desire to condemn the operation as practiced today.

This is the age of preventive medicine and the best way to save the sons and daughters from the snares of life is by preventive measures.

Circumcision is described in every book on general surgery in every civilized country, and is considered by them all a "surgical operation." I contend, therefore, with all the arguments given in this address, that this work belongs to the "surgeon," and the surgeon shall be held responsible for this the same as he is for all other surgical operations.

Would any of our patients think of having their children operated upon for the eye, ear, nose or throat, for a cleft palate or hemorrhoids by a layman, even though he may be known as a "Rabbi" or a "Priest"? Of course not. They would not only seek the advice of the family physician, but that of a "specialist." Yet they permit the Mohel or Shochet, or call him what you will, to perform this sacred rite, an act of such far-reaching physical and mental consequences.

A great many of us know full well of the evil effects of circumcision upon the Jewish child, but because the Mohel has performed it, we do not dare criticise it or him.

It is not religion I am preaching but "humanity," for the sexual system dominates humanity far more than we have hitherto suspected. I am preach-in healthy sanitary measures, such as are used in the circumcision of the Gentile.

Let the surgeon who is a possessor of a license to practice, who understands the work thoroughly and who may be held responsible, perform this important operation, while the Rabbi may be present and administer the religious ceremony.

DYSMENORRHEA.

JEROME EARL HOLMAN, M.D., INDIANAPOLIS, IND.

Definition.—Dysmenorrhea is painful menstruation. The majority of women suffer more or less general and local discomfort at this time of the menstrual period, but the symptoms are not marked, and in no way interfere with their habitual mode of life. In comparatively rare instances menstruation is unattended with any subjective symptoms.

Causes.—Neuralgia, diathesis, pelvic congestion and inflammation; malformed or undeveloped genital organs; obstruction.

Neuralgia.—In dysmenorrhea due to neuralgia the pelvis may or may not be the seat of disease, and in some cases no evidence of any pathologic lesion can be discovered, while in others there may be some slight abnormal condition which would not of itself cause pain at the menstrual period unless the patient was also neuralgic. Dysmenorrhea due to neuralgia is associated with a depraved state of the blood, nervous system and general nutrition, and under these circumstances the nerves are over-sensitive and the congestion incident to menstruation causes pain. This form of painful menstruation is met very frequently and is due to constitutional diseases, habits and environment.

Among the causative diseases may be mentioned hysteria, malaria, syphilis, chlorosis, anemia, plethora and inherited neurosis. Painful menstruation is also due to bad hygienic surroundings, and obstinate constipation may result in neuralgia from the absorption of fecal matter by the blood.

Diathesis.—Gout and rheumatism may produce pelvic disturbances and cause painful menstruation.

Pelvic Congestion and Inflammation.—These conditions are frequently the cause of dysmenorrhea, and women who are married and have borne children are naturally more or less liable to this form of the affection tor the reason that a large proportion of the causes of congestion and inflammation are directly due to sexual intercourse and child-bearing. The normal local congestion of menstruation is unattended by pain, but when a pelvic lesion is present which interferes with the circulation, venous stasis results and dysmenorrhea follows as a natural sequence.

Among the causes producing congestion and inflammation of the pelvic organs are acute suppression of the menses from exposure to cold, overexertion, intestinal disorders, uterine tumors, polypi and displacements, subinvolution, chronic hyperplastic endometritis, and varicocele and tumors of the broad ligaments. Pelvic adhesions, chronic pelvic peritonitis, acute and chronic diseases of the tubes and ovaries, prolapse of the uterine appendages, tumor of the ovary, and torpidity of the portal circulation also cause pelvic congestion and result in dysmenorrhea.

Malformed or Undeveloped Genital Organs.—Dysmenorrhea caused by congenital malformations may be produced in two ways: First, by ineffectual molimen provoking uterine colic; and second, by a stenosis or atresia of the genital tract causing an obstruction to or a retention of the flow. The chief causes of acquired obstruction of the genital canal are flexions of the uterus, small polypi situated at or near the internal os, cervical stenosis and atresia, chronic endometritis, vaginal stenosis and atresia, and exfoliative endometritis.

Uterine flexions are a common cause of dysmenorrhea. The bend in the uterine canal forms an angle which obstructs the flow of blood, and the coexisting endometritis causes a thickening of the mucous membrane, which materially increases the stenosis. Finally, the congestion incident to menstruation swells the inflamed endometrium and still further increases the obstruction. Anterior flexions are more common in unmarried and sterile

women than in those who have borne children. Small polypi are sometimes situated at or near the internal os and act as a ball-valve in keeping back the menstrual flow. Cervical stenosis and atresia may be caused by caustic applications or the use of the actual cautery. Inflammation of the mucous membrane, malignant disease, and an improper technique in operation upon the cervix, and obstructions of the vagina may be due to ulcerations following the traumatism of labor or as a sequela of typhus fever, tuberculosis, diphtheria and syphilis.

Exfoliative endometritis, while not a common affection, may occur at any period of menstrual life, from puberty to the menopause, and is found to be more frequent in unmarried and sterile women than in those who have given birth to children. The uterine colic which occurs at the time of menstruation is caused by the expulsion of a membrane (membranous dysmenorrhea), which consists of the hypertrophied menstrual decidua, and is expelled as a complete cast of the uterine cavity or is thrown off in shreds. Membranous dysmenorrhea is inflammatory in origin and is caused by interstitial endometritis.

Symptoms.—Pain associated with the menstrual function is the characteristic symptom of dysmenorrhea. The situation of the pain, its character and its relation with the appearance and duration of the flow differ widely in many instances and depend largely upon the cause of the affection.

The situation of the pain is not constant and varies even in cases in which the etiology of the dysmenorrhea is the same. It is most frequently located, however, in the hypogastrium, and may also be situated in the pelvic cavity behind the symphysis pubis, in the loins, and over the lumbo-sacral or inguinal region. In severe attacks of dysmenorrhea the pain may radiate down the thighs, into the abdomen, thorax, or more remote parts of the body, and in exceptional cases the breasts become painful and tender.

The character of the pain varies, and is described as constant, intermittent, fixed, shooting, expulsive, labor-like, sharp, dull, bearing-down, heavy and dragging.

There is no constant relation existing between the pain and the appearance or duration of the flow, although in some cases such a relationship does exist and may indicate the origin of the dysmenorrhea.

In severe cases of dysmenorrhea the general health suffers, and nervous symptoms are likely to manifest themselves. Some patients become neurasthenic, while others, in rare instances, may develop hysteric epilepsy.

An acute attack of dysmenorrhea leaves the patient weak and exhausted and unable to attend to her duties for several days. Nausea and vomiting are frequently associated with the attack and gastro-intestinal disturbances may continue after the cessation of the flow.

Neuralgia.—The pain, as a rule, begins before the flow and ceases with its appearance. In some cases it may continue intermittently or remittently during the entire flow, and in others it may not cease for some time after the period. The pain varies in severity, and in some cases it may be slight, while in others the agony becomes so acute that the patient becomes wildly

hysterical or faints. It is not fixed in one location, as a rule, and shoots from the pelvis down the thighs or into the abdomen and thorax.

Diathesis.—The attacks of dysmenorrhea are irregular and the patient may be entirely free from pain for several periods. As a rule, they occur simultaneously with manifestations of gout or rheumatism in other parts of the body.

Pelvic Congestion and Inflammation.—This form of dysmenorrhea being due to a local pelvic disease, the pain is generally an exaggeration of that which is felt during the inter-menstrual period, and is referred chiefly to the organs involved. It is therefore situated mostly in the pelvis, in the back and the hypogastric and inguinal regions, and at times it may shoot down the thighs. The character of the pain may be dull, heavy, bearing-down, or dragging, and it is seldom as sharp and acute as in the neuralgic form of dysmenorrhea. The pain usually precedes the flow and gradually ceases after it is fully established.

Obstruction.—The symptoms of acquired obstruction are the same as in the congenital variety, and the pain begins before the flow makes its appearance. It is paroxysmal and expulsive in character and continues, as a rule, during the entire period. The temporary damming-back of the menstrual blood excites uterine contractions (uterine colic), which become more and more severe as the distention increases, and finally, by a violent effort, the uterus forces the discharge and clots beyond the point of obstruction. The pain then ceases until the blood begins to reaccumulate in the uterine cavity, when the obstructive paroxysms begin again and the same phenomena are repeated.

Diagnosis.—The diagnosis of dysmenorrhea is the recognition of the cause, which is determined by a careful consideration of the local and general symptoms and a through examination not only of the pelvic organs, but of the entire system. The character of the pain and its relation to the flow are too uncertain and variable to be of much value from a diagnostic standpoint.

Prognosis.—The prognosis depends upon the nature and duration of the cause and the general condition of the patient. There is always a cause for dysmenorrhea, although it may be obscure in some cases, and failure in the treatment frequently results from a hasty and careless diagnosis. It is necessary, therefore, in every case to make a thorough study of the symptoms and a careful examination, not only of the pelvis, but of all the important organs of the body.

Diathesis.—This form of dysmenorrhea is dependent upon a gouty or rheumatic diathesis, and the prognosis depends upon the relief or cure of the cause. The prognosis is favorable in cases of acute congestion from exposure to cold, over-exertion, etc.; uterine tumors and polypi removable without multilation; uterine displacements and subinvolution; chronic hyperplastic endometritis; intestinal disorders and torpidity of the portal circulation due to benignant causes; prolapse and unilateral disease of the uterine appendages, and also operable diseases of the broad ligaments.

Obstruction.—The prognosis is generally favorable. Atresia of the cervical canal or vagina is readily relieved by an operation, and in cases of stenosis due to flexions of the uterus, small polypi, chronic endometritis, etc., the operative results are good. About 80 per cent. of the cases of dysmenorrhea due to acute anteflexion of the uterus are cured by dilatation and curettement of the uterus, and 20 per cent. are more or less benefited. Exfoliative endometritis is an obstinate disease to cure and the prognosis must be guarded.

Treatment.—The successful treatment of the affection depends upon the recognition and removal of the cause. The administration of alcohol and opium in the treatment of dysmenorrhea should be condemned as a routine practice, as they are not curative and the patient may become addicted to their use. The treatment is classified as follows: General treatment and hygiene; drugs—treatment of the cause.

General Treatment and Hygiene.—These subjects are considered under the following headings: (1) rest; (2) exercise; (3) diet; (4) care of the bowels; (5) bathing; (6) clothing; (7) counter-irritation; (8) vaginal douches and tampons; (9) change of residence; (10) massage; (11) electricity, and (12) the "rest cure."

Much may be said on each of the above subjects, but as a rule physicians understand how each is carried out.

Drugs.—Most all text-books on treatment of dysmenorrhea have a long list of drugs that can be or have been used in the treatment of this disease. Some physicians use everything from phenacetin to bromides, but in my judgment are not of much avail if proper and needed surgery had been done, and such drugs only temporarily relieve nervous conditions. The real drugs that are efficient are not many, but are efficient. They are specific pulsatilla, specific viburnum, specific macrotys, specific hydrastin. I most commonly use one of the above with some of the stock preparations containing some of the same drugs, as Hayden's Viburnum Compound Mist., Helonin Compound, Liquor Sedans and others made by reputable drug houses. All specific indications must be met.

PROLAPSUS RECTI.

B. E. Dawson, M.D., Kansas City, Mo.

The vice-chairman of this section arbitrarily gave me this subject. I am thankful that he qualified or limited the subject to its treatment, or, as he expressed it, "The Technique for its Relief." This relieves me from the tedious description of anatomy, pathology, symptoms, diagnosis, etc., and saves my audience from being bored by listening to that which can be found in the ordinary text-books.

This condition obtains more frequently in childhood, and is also slightly more frequent in elderly people than in adult life. It is usually caused by flaccid sphincters or straining at stool, induced by irritation in the rectum

or bladder. Tumors or stricture, above the prolapse, may be a cause. The erect position, peculiar to man, eliciting visceroptosis, is an important etiological factor.

Some authors divide prolapsus into various forms and degrees, but in giving the treatment it is only necessary to recognize two forms— the incomplete and the complete. The incomplete more often occurs in children.

The causes and forms are merely mentioned here, but will be referred to again, as the treatment hinges, to a large extent, thereon. Therefore, before deciding upon any therapeutic procedure, it is necessary to make a careful examination in order to ascertain the variety you have to treat, and, if possible, find the cause, whether primary or exciting.

The partial or incomplete is distinguished from the complete by the tissues prolapsed, and not by the extent of the protrusion, as some think. In the incomplete form the mucous membrane only is prolapsed, due to its separation from the submucous connective tissue. It is common in children but frequently occurs in adults. When disease attacks these parts, and they have lost their normal elasticity, the straining induced in the act of defecation drags down the internal coat further than usual and it fails to retract unless rendered some assistance. The complete contains all the coats of the rectum and occurs in several varieties, or rather degrees. Accordingly, it may begin at the margin of the anus, protruding below this aperture, or higher up, hanging down in the ampulla of the rectum, but does not show outside the anus.

After getting a complete inventory of conditions, the first procedure is to replace the prolapsus into its normal position. This may be a difficult thing to do if the parts have become dry and swollen and should the child cry and strain, as is often the case. Use gentle taxis and remember that the part that came out last should be put back first. If this fail, invert the child so as to elicit the aid of gravity. In some cases it may be necessary to put the patient under an anesthetic in order to relax the muscles and stop straining. In a majority of cases there will be no further trouble if care is used by the mother. The buttocks should be drawn together with a broad strip of adhesive plaster and the patient be kept in bed for some time. To allow the bowels to move, cut the adhesive strip through the center and later draw together with laces. A bed pan should be used when the bowels move. After the movement a little cold water should be injected into the bowel, to which some astringent has been added, such as alum, tannin, etc.

In these cases it is well to make a careful examination for cause for reflex irritation. You will frequently find an abnormal prepuce, a small meatus, short frenum, hemorrhoids, polypus, etc. The indicated measure here will permanently relieve the trouble.

In many of these cases Pratt's method of dilatation will be found very efficacious, especially in old people, where the sphincters are very flaccid. Use the bivalve speculum, a proper size; insert, open gently, partly close and withdraw. Repeat this process, thus playing with the sphincters for five to ten minutes daily or every other day. You will be agreeably surprised at

the results. The lax muscles and mucous membrane will assume a firm, tonic condition, the protruding mass will gradually retreat from its visit to the outer world, returning to its visceral home on good behavior, because there is a warm and hospitable welcome in the old home. The boy who pouts and plays truant from home, after being kicked and cuffed about in the world, is more likely to return and remain there in line of duty, if there be kind, welcome, hospitality there.

If such palliative measures do not succeed, more radical ones should be adopted. Some specialists recommend nitric acid, the object being to cause the mucous coat to adhere to the muscular by an inflammatory action. To do this, cleanse the protruding mass and render it insensible by the application of some local anesthetic. With the acid draw four or five lines in the long axis of the gut. In a few minutes apply a strong solution of soda to neutralize the acid. Put the child to bed and keep slightly under opiates to relieve pain and bind the bowels. Give light diet and do not allow the bowels to move for four or five days.

I much prefer Albright's method of injecting phenol, ten to twenty per cent. solution, in equal parts of glycerine and water, ten to twenty-five minims every eight or ten days. A fine hypodermic needle, at least one inch long, should be selected. The mucous membrane is punctured about one inch below the highest point from which it is detached, and the needle passed full length under it, directly upward. Withdraw the needle, distributing the fluid over considerable area its full length. Be sure to deposit the fluid into the submucous space, not into the mucous membrane, nor the muscular coat. With a little care there will be no difficulty encountered, as the membrane is not firmly attached to the underlying tissue. This phenol solution causes inflammation to set in shortly, which reaches its height in three to five days. The inflammation results in adhesions, which cause less tendency toward prolapse. When the reaction subsides, another injection should be made, in like manner, exactly opposite, following this up with others, between them until the entire circumference has been treated. If necessary, the same course may be followed at a lower level. This method is not painful, producing only a moderate degree of uneasiness. Before making the injection the prolapse should be completely replaced. The pneumatic dilators are excellent for this purpose. After the membrane has been as well placed as possible, by digital manipulation, the dilator is passed well up into the rectum, then inflated. The tube should be previously lubricated, so that it can be withdrawn without difficulty after deflation.

In the complete form the cause is often mechanical and must be removed before improvement can be expected. Look for local troubles, such as hemorrhoids, stricture, neoplasms, etc., and direct the treatment toward restoring the parts to their normal condition.

I wish to give one other effective method, which, so far as I am aware, has never been published. Some time since a specialist on piles, who treats with the injection method, and with whom I am well acquainted, was applied to by an old lady for relief of a prolapsed condition of the rectum.

He informed her that nothing could be done for her case. She said she believed she would try Dr. Dawson, when he promptly advised her to go home and make the best of it; that a previous case, similar to hers, had gone to another surgeon and was taken home in a box.

But this so-called specialist has his vision so obscured by the proximity of his little squirt-gun that he fails to see some of the great principles so obvious in the philosophy of orificial surgery. Otherwise he would have known there was hope for that woman without the use of the surgeon's knife. He would have known that all the lower openings of the body are supplied by the same pencil of nerves; that the uterus and rectum are twins; that when one is sick the other suffers, because irritation in one is reflexed to the other; that you can frequently get a message to one by appealing to the other. Had he known this, and dilated, properly, the cervix, the internal os, he would have had the satisfaction of seeing the rectum move its abode upward, to the delight and relief of his patient. Unhooding the clitoris may have been more efficacious; it would, at least, have sent a message to give emphasis to the uterine command.

We are prone to forget, or fail to appreciate, that a woman is still a woman after she has passed the menopause. Child-bearing and the monthly rhythm cease, but the sexual system is intact; the nerves are all there, receive impulses and send out reflexes. I have seen the mammary glands in a maiden lady, sixty one years of age, where the breast was twice as large as its fellow and hard as wood, reduced to its normal size and density in less than one hour after dilating and draining the uterus. With the patient thoroughly under a general anesthetic, the rectum will visibly contract, when the clitoris is irritated. Introducing a sound in the male will also contract the rectum and invite the protrusion to crawl upward.

A close study of the sexual and pelvic organs, their nervous connections and reflexes emanating therefrom, presents a fruitful field. The gleaner who enters here, doing research work, will reap a prolific harvest.

DISCUSSION.

Dr. E. H. Stevenson (Little Rock, Ark.): I had a case two months ago, a man who had had a prolapsus protruding about two inches for fourteen years. I simply anesthetized the man, removed a band of mucous membrane, trimmed the edges, and rapid recovery followed.

Dr. E. B. Shewman (Cincinnati, Ohio): I just had a case of prolapsus of eight inches. You may resect the rectum without opening the abdomen, but I thought the better way (which I did) was to open the abdomen, sew the sigmoid and rectum up against the parietal peritoneum, and inasmuch as we have great relaxation of the sphincter muscles and also a shortening of the sphincter muscles on both sides, we have had no trouble since.

Aconite in Summer Disorders.—Normal aconite is of great value in the treatment of irritation and inflammation of the gastro-intestinal tract, and it is especially valuable in controlling vomiting and purging.—*Therapeutic Digest.*

NEURALGIA.

W. N. Mundy, M.D., Forest, O.

Just what is to be classed under this term has been and is to me an enigma. It has always seemed to me it should be restricted to the designation of a pain, not a disease, and that the diagnosis neuralgia is equivalent to that of dropsy, heart disease, jaundice, high blood pressure, etc. It requires no great strength of the memory to recall how we used to play with the term malaria in by-gone days. Laboring under this impression, we consulted such literature as we possessed to learn how the term should be applied. The snap diagnosis "neuralgia" is frequently made and the true condition not recognized.

Neuralgia is defined as "a pain in a nerve or in nerves, or radiating along the course of a nerve; a name applied to a pain which may result from any one or more of a great variety of morbid conditions." The pain is described as "being of a darting or throbbing character, intermittent, and is attended by the presence of tender joints, where the cutaneous branches of the nerve are given off from the deeper parts."

Church-Peterson, in "Nervous and Mental Diseases," says: "Neuralgia is always a symptom. Difficulty arises from the fact that intense neuralgic affections have often been confused with their most prominent painful symptoms. Neuritis and neuralgias have been differentiated only in recent years. It also appears proven that an irritation at first producing neuralgia may by its persistence set up a neuritis, and it is certainly clear that neuralgia is one of the symptoms of neuritis. The distinction, therefore, is not always easy."

Neuralgia may be an expression of disturbance acting locally or systematically, or in both ways at once. It may be visceral or peripheral, and many visceral diseases have their corresponding peripheral neuralgias. Many neuralgias are very clearly symptomatic and secondary, and reference is made to angina pectoris in cardiac disease, intercostal neuralgia in gastro-hepatic disease, testicular neuralgia in kidney disease, pleurodynia, gastrodynia, as being very clearly symptomatic and secondary.

It is claimed that intense neuralgic conditions are rare in early life and in old age, and that when they appear after sixty years of age they usually have an irremediable organic basis and are correspondingly intractable. Women suffer more in this way than men. In some instances there is an hereditary tendency, and the nervous and neurotic are more prone to neuralgic conditions.

The inciting causes are numerous, and any impairment of health, debilitating influence, continuous fatigue, anemia, emotion, or concussion may have neuralgia as a symptom. Exposure to cold, local irritations, as well as every form of neuritis, may cause neuralgic pains. Nearly all toxic influences may induce neuralgia. Lead, alcohol and acute infections may all have neuralgic symptoms.

Thus we are forced to the conclusion that neuralgia is symptomatic and

a definite or correct diagnosis is not made until the cause or basic lesion is ascertained.

Neuralgic pains are usually unilateral and confined to the distribution of a part or the whole of a single nerve or several nerves. The pain is paroxysmal, with complete freedom in the intervals, or with only a slight ache between the severe pains.

They are usually described by the patient as darting, shooting, stabbing, or by other expressions indicating their sudden character. The pain is deep seated and often attended by a superficial tenderness or hypersensitiveness. A differential point I have frequently heard is that pressure usually gives relief to a neuralgic pain. The nerve tenderness, however, may persist between the paroxysms of pain.

There are a variety of neuralgic pains, and they have been classified (1) as to location, and (2) as to cause.

Examples of the former are trifacial, orbital, cervico-occipital, brachial, intercostal, sacral, sciatic, crural, etc. Then, again, we have pleurodynia, angina pectoris, gastralgia, cardialgia, etc.

Among those depending upon cause or association we have reflex sympathetic neuralgia, in which pain appears at a distance from its irritating source; traumatic neuralga, which may possibly be a traumatic or toxic neuritis; occupation neuralgia, gouty, anemic, diabetic, etc.

In treating neuralgia it can be readily seen from what has been said that it is necessary to ascertain the cause and remove it if possible. In other words, treat the condition producing the pain. There is probably no nervous malady which depends in as large a proportion of cases upon reflex disturbances as does neuralgia, hence the cause should be ascertained as rapidly as possible.

A facial or trifacial neuralgia necessitates an examination of the teeth and nasal passages for a possible source of irritation; an orbital or supra-orbital for a possble error of refraction; a sciatic neuralgia, for some source of irritation in the lower bowel. Just now a case recurs where an obstinate sciatica developed into a bad case of herpes. Thus the connection might be kept up. The gist is, hunt for the cause and do not be content with the administration of an anodyne for relief. This may be necessary for present relief, but it does not cure.

I presume you are all familiar with Hilton's "Rest and Pain." Another small book, entitled "Pain," by Gustave Schmidt, bears perusal. Reading this small volume only emphasizes what I have been endeavoring to convey to you—search for the cause of pain. As will be surmised, the remedies employed are numerous and embrace all agents used for the relief of the condition responsible for the pain. Those especially employed are gelsemium for facial and ovarian neuralgia; plantago, when due to caries of the teeth, or, as it is sometimes called, "dental neuralgia"; rhus tox. for orbital neuralgia; bryonia, when the intercostal nerves are affected; apocynum, for sciatic neuralgia.

There are cases when morphia hypodermically is necessary, and thus we

might continue repeating agent after agent used for the relief of neuralgia—but remember that relief is not a cure. The condition causing the pain must be removed if possble, in order to give permanent relief.

DISCUSSION.

Dr. R. L. Thomas (Cincinnati, Ohio): The author of the paper has taken the ground that this is a symptom, and I heartily agree with him. Neuralgia or neuritis is one of the most common ills—at least disagnosed by the patient. The fact that some of these patients are only relieved after undergoing many treatments before the cause is finally determined, proves that ordinary neuralgia is merely symptomatic. There comes to my mind the case of a physician who has suffered so much with facial neuralgia. After having had several branches removed and failing to get relief, after injections of alcohol without relief, he finally went east and had an operation on the brain that almost cost him his life; but after this operation, removing the disease centers, the patient is entirely cured of neuralgia. He is somewhat affected in his speech and his mouth is drawn, but he has had no pain since. Another patient I have had recently has had a number of nerves removed or cut, and finally a number of injections of alcohol, but still just as much pain as ever. He is hesitating about a cerebral operation, and it may be, as the cause has not been determined, that such an operation would give no relief. We know many of these symptoms will be removed by the agents the doctor mentioned, but until we are able to remove the cause we will not cure these severe types.

Dr. T. D. Adlerman (Brooklyn, N. Y.): I am sorry to disagree with Dr. Mundy and Dr. Thomas when they say that neuralgia and neuritis are one and the same.

Dr. Mundy: You are mistaken. I did not say they are one and the same disease.

Dr. Adlerman: They are making a mistake. Neuralgia is as distinct a disease as typhoid or pneumonia. Neuralgia is found in poor health, and neuritis is found in the robust individual. The fact that you find neuralgia sometimes as a symptom associated with other diseases is quite possible, but that does not take away from the neuralgia. Very often a tumor of the brain will produce a pain that looks like neuralgia, but when you remove the tumor the pain disappears; but that does not take away from the entity of that particular disease.

NORMAL MENSTRUATION

Fred L. Hosman, M.D., Indianapolis, Ind.

Menstruation, the word, is derived from the Latin Mensis, meaning month, therefore occurring monthly. Strictly speaking, it is the bloody flow from the female organs of generation. This blood comes from the uterine cavity, and is furnished by the endometrium. The beginning of this flow varies as to climatic conditions, for it appears at an earlier age in hot climates and later in the colder. In this portion of the country it establishes itself about the age of thirteen or fourteen years. It extends through a period of about thirty-five. This is called the child-bearing period of a woman.

The purpose of this flow has never been clearly defined, although it is manifested by both local and general symptoms. It is supposed that the

changes taking place in the endometrium along with the flow give the prevailing idea favoring conception and provide a place for the lodgment and development of the ovum. The ovum is supposed by some to be carried down to the uterus by this flow, where it lodges and upon meeting a healthy spermatozoid, there becomes impregnated and conception takes place.

When the menstrual flow becomes established, a great change comes over the girl; she becomes a woman and her moral nature changes. She develops physicially, showing more gracefulness and the preparement for motherhood. She becomes more reserved, dignified, and lays aside her childhood pleasures to a great extent.

The average length of time exhibited in a single menstrual period is from four to five days, although some women are normal with seven days' flow. The average amount of blood lost is from four to eight ounces. This flow, while it resembles pure blood, is made up of mucus, epithelial cells and blood. Normally, it is of a fluid nature. The normal menstrual period is every twenty-eight days, although some women will menstruate once in five or six weeks, others every two to three weeks, and yet this would be considered as normal in their individual cases. All women do not menstruate at the same period during the month, although it is noticeable that many do menstruate at the same time.

Deviations from what seem to be normal menstruation are infrequent, for some women menstruate scantily, others profusely. Menstruation that is regular or irregular, scant or profuse, frequent or infrequent, if habitual through life and is accompanied with no discomfort, may be considered as normal for that individual.

OPERATION FOR THE REMOVAL OF PTERYGIUM.

John H. Powell, M.D., Atlanta, Ga.

Several operations have been devised for the removal of this unsightly growth, some of which are almost worthless. As soon as the growth is large enough to inflame from coal dust, etc., it should be removed. First, it is unsightly; second, it is in a manner a foreign body, a good dust catcher, and often a focus for infection to cause and aggravate ulcers; third, when the growth extends over the sclerocorneal border and fastens into the cornea it interferes with the transparency of the cornea and is prone to ulcerate.

For the past fifteen years I have found a modification of McReynolds' operation the best one to do for its permanent cure. In this operation the growth is displaced obliquely downward, but at the same time is pushed under the conjunctiva and is done in the following manner:

The pterygium is dissected from the cornea in the ordinary way, but after it is loosened from the sclera and cornea and undermined at its lower border by an incision through the conjunctiva, a suture with two needles is put through the head of the growth. By means of the suture the tip of the pterygium is drawn obliquely downward and outward under the conjunctiva;

the two needles are brought out through the conjunctiva about a fourth of an inch apart, the wound pulled into shape by drawing on the sutures, tied, and the operation is finshed.

The after-treatment need be nothing more than a bandage for a day or so, the instillation of a 25 per cent. silver or argyrol solution to hurry away trauma, and if a strong catgut suture is used they need not be removed at all.

POSTERIOR SCLEROTOMY IN GLAUCOMA.

JOHN H. POWELL, M.D., ATLANTA, GA.

Having first contracted the pupil as much as possible with eserine and thoroughly cocainized the eye, the operation is done as follows: Tell the patient to look up, grasp the conjunctiva firmly with fixation forceps half way between the equator and the sclerocorneal border, pull the conjunctiva and sclera, pushing the knife well into the vitreous, turn it on its axis when withdrawing so as to cause the wound to be uneven, allowing the escape of fluid. Loosen the grasp on the conjunctiva, which allows it to replace itself, covering the wound in the sclera, preventing infection by the unwounded conjunctiva covering the scleral wound. This operation is very seldom followed by hemorrhage or infection if done under ordinary cleanliness, and is one of the best operations for glaucoma.

A GOOD OPERATION FOR SENILE ECTROPION.

DR. JOHN H. POWELL, ATLANTA, GA.

Cases of spastic ectropion in which the palpebral margin of the lid is forced outward by the swollen bulging conjunctiva and later by contraction of the orbicularis muscles, so that eventually the lower or both lids become turned out, causing unsightly and harmful disfigurement, irritating, tearing ulceration of the cornea, constant discomfort and reduction of vision. Textbooks give several operations for the relief or cure of this condition, including electrolysis, strong caustics, etc., each one of use in selected cases but failing in others. Snellen, Knapp, Hotz, are recognized operations and are of value. The operation that I find of most value and will correct almost any senile case, especially if modified to meet the unusual conditions following wounds of the lids, is described below. The operation, of course, is designed for the lower lid.

I do the operation as follows: First, grasp the lid firmly in a Desmarres clamp to hold it still and prevent bleeding; next, with an ordinary sharp knife make a V-shape incision through the conjunctiva into the deeper structures of the lid, being careful not to cut through the skin. The removal of this plug is intended to shorten the lid, and should be measured by the operator's eye as to the size of the plug necessary to shorten the lid to the proper length, when the edges are brought together by strong sutures, about three

in number, deeply set and securely tied. When this step of the operation is accomplished the handle of the clamp is elevated and held firmly against the brow while two strong silk sutures are put into the lid; the first suture with slightly curved needle on each end should be forced through the lid at the nasal third and slightly inside of the palpebral margin and brought out through the skin of the face below the lower margin of the lid; the remaining needle should be put in about one-eighth of an inch nearer the center of the lid margin and brought out through the skin opposite the other and traction made by pulling on the stitches until the desired effect is obtained and securely tied over a piece of rubber tubing, at the same time loosening the clamp. The remaining suture gives best results if placed the first needle near the center of the lid margin and the last about one-fourth of an inch toward the temple, bringing them out through the skin opposite the others and tying as first. These sutures can be tightened or loosened if desired for better effect and remain ten days. No after-treatment is necessary further than cleanliness and cold applications.

These operations can be performed under local anesthesia.

CAPSICUM.

FRED. A. STARBUCK, M.D., ROCK ISLAND, TEX.

To attempt to give this Association any information upon the above-named medicine is like "carrying coals to New Castle." Still, it may not be amiss to consider briefly this agent, "lest we forget."

Capsicum is almost purely stimulating in its action, very permanent, of great power, spreading through the system somewhat slowly but ultimately reaching every organ and tissue of the body.

When used in large doses it is apt to disturb the equilibrium of circulation and nervous action between the stomach and adjacent parts, frequently causing hiccough and cramping pain. Given in small doses, it first manifests its power upon the heart and the portal circulation, but finally extends its influence to the very capillaries, slowly increasing the tone of the circulation. not increasing the frequency of the pulse, but giving power to each pulsation. This action makes it a remedy of great value in those cases of enfeebled circulation due to putrescent tendencies, as in typhus, malignant scarlatina, erysipelas, gangrene, absorption of pus, etc.

It is a remedy well fitted to all forms of depression and atony. The stomach is directly aroused by it, and its use is indicated in those forms of indigestion connected with torpor and sluggishness. In these cases it should be combined with the relaxing tonics.

A well-known field of action for this remedy is in combination with various cathartics, greatly strengthening their action and preventing griping. In cases of semi-paralyzed conditions of the bowels it is best given alone. It is of value in chills and fever, and may be given to advantage in combination with quinine or with quinine and hydrastis, equal parts of each.

In congestive chills it is our most valuable remedy, and is best given in the old lobelia compound. If this combination will not warm the patient up, it is of but little use to try anything else; however, it may be given in the form of hot infusion and be depended upon.

In secondary syphilis, mercurial poisoning, lead poisoning, etc., where the tone of the system is low, it should be included in the treatment.

In degenerate coughs, chronic torpor of the kidneys with cold skin and sluggish pulse, uterine atony, general dropsy and all similar cases, it should be combined with the other indicated remedies for the purpose of arousing the parts and rendering them more susceptible to the influence of the other medicines.

In those cases of typhus, receding smallpox, malignant scarlatina, diphtheria, putrid sore throat and similar maladies with a putrescent tendency and malignancy, the only mistake the physician is likely to make with this remedy is to not give enough of it.

It relieves engorgement of the lungs and uterus and is of much service in arresting hemorrhages of these and other internal organs.

It arouses the vascular system when other agents fail to produce any impression. In pain of heavy character arising from approaching gangrene, capsicum relieves by arresting the decay.

As an external remedy it is valuable in all internal inflammations and congestions, such as pneumonia, pleurisy, peritonitis, congestion of the uterus, liver, kidneys, etc.

In those cases where there is determination of blood to the brain, with cold hands and feet, a poultice of hot mush liberally dusted with red pepper and applied to the soles of the feet will do much to equalize the circulation. In indolent and malignant ulcers and carbuncles, sloughing sores and gangreneous surfaces its local use will prove satisfactory.

Capsicum is a remedy for "below par" conditions and should not be used internally in those cases with hot, dry skin and bounding pulse, or in those cases where a milder stimulant will answer every purpose. Like lobelia, as a "last resort" remedy it will, in many cases, work wonders

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CAN PNEUMONIA BE ABORTED?

R. M. Moore, M.D., Waleska, Ga.

I will give you my opinion by reporting the following case: Gladys C., age 14 years, had a bad case of influenza in March, and made a good recovery. On Friday, May 21, at 1 A. M., she had a severe chill. I saw her at 8 A. M. the same morning; fever 103 3-5; severe pain in the left side in lower lobe, flushed face, headache, pulse 120, hacking cough, respiration 35, general soreness.

Prescribed gelsemium and veratrum aa gtts. xxx, water oz. iv; teaspoonful every hour until the fever abates. Asclepias tub. dr. ij, bryonia gtt. xx, comp. syrup euphorbia oz. i; teaspoonful every two hours. Antiphlogistine

to side over seat of pain. Saw her Saturday at 8 A. M.; symptoms no better; temperature 103 4-5, coughing up bloody sputum, pain in side radiating to left shoulder. I doubled the dose of veratrum, added three grains of ammonia nitrate to the dose, put on a tar jacket, and continued treatment as before. Saw her Sunday at 2 P. M., temperature 99, pulse 80; pain in side better, cough loose, expectoration tinged a little with blood. Stopped the fever drops, but continued the cough mixture, every two or three hours according to cough; 1-40 gr. strychnine every four or five hours, and kept on the tar jacket. I saw her Monday and Wednesday; symptoms improved. I dismissed her on Wednesday and prescribed syrup hypophosphites oz. ii, syrup hydriodic acid oz. ii, teaspoonful after meals, and continued the other cough mixture every three or four hours.

GUNSHOT WOUNDS COMPLICATED WITH FRACTURE.

F. L. HOSMAN, M.D., INDIANAPOLIS, IND.

A great amount of literature has been published and many discussions have been had about the subject of gunshot wounds and their treatment; therefore I will not go into detail as to its many phases.

First, every effort must be made to prevent infection. Asepsis must be your main theme; by careful and constant watching you will be able to detect any change in pathology. The microscope will give a clear and concise diagnosis of any change in the bacteriological condition; this instrument must not be neglected, as it is a valuable assistant in your work. The X-ray also has its place, by giving you a picture of and the extent of the wound. No surgical interference should ever be undertaken without first having a radiograph and its thorough study before attempting to operate.

Nearly every army surgeon who was in the surgical section of the hospitals during the late war has had a variable experience with gunshot wounds of many different kinds. The ones that gave the most trouble were those through the lower limbs which were complicated with fractures, especially those through the upper two-thirds. In many cases the femur was fractured so badly that from two to four inches of the bone had to be removed. The amount of infection in these cases varied; in many the thigh would be laid open in several places extending from three to eight or nine inches in length, thus giving ample room to reach the seat of infection. All debris or foreign bodies must be removed, irrigate thoroughly, and then place in your tubes. A very good method of preparing the tubes is to cover the ends to be placed in the wound with a honeycomb toweling such as Turkish toweling. This gives your solution a better chance to reach every part of the wound, as it will filtrate through and run slowly, for this is what you want. Dakin's solution is used every two hours. Great care must also be used to have the skin around the wounds protected with strips of gauze saturated with sterile petrolatum (gold leaf), so it will not be burned or excoriated; for this solu-

tion is an escharotic. The general health of the patient should be looked into also; a luetic should be treated as such along with your treatment.

The following is a report of a case of gunshot wound through both the lower limbs, mid way between the knees and hip, which came under our observation and treatment.

Sergeant B., while on duty in one of the army camps in this country, in the summer of 1919, was accidentally shot through both legs. The bullet was of the regulation type such as used in the Springfield or Enfield rifle. The missile passed through the left thigh, making a clean through and through wound. It then entered the right thigh, striking the middle third of the femur and shattering it for about three inches. As it passed out it left a jagged wound and splinters of bone at the point of exit. He was at once removed to a hospital, where the surgeon on duty with the regiment attended him. The history of the case was as follows: The fragments of the femur, right, were wired together; then the soft parts were cleansed, trimmed up and sutured, with the expectation that the wound would heal by first intention. This it did not do. About six weeks later this battalion was ordered to another post. The patient was placed on a litter with a gutter splint with no extension on the limb. In this condition he was put aboard the train and transferred to the hospital at the new post. As we were on duty at this hospital, the case fell into our hands for care and treatment. The condition of the limb at this time showed about three inches of shortening, a quantity of soft, flabby tissue around the wound, which was undergoing a healing process around the primary incision. The wound in the left limb was entirely healed and presented no complications. An X-ray was made at once which showed a number of spicula and a separation of the bone. The wiring had done no material good and was now serving as a foreign body. There was also evidence of suppuration.

The patient was prepared for another operation. After being anesthetized, the limb was cleansed with alcohol, then iodized. A free incision was made about six inches in length over the point of exit; this gave an outlet for a quantity of pus, which was beginning to cause some trouble. This was cleaned away and the incision carried on down to the bone, which was in a very bad condition. The limb was now stretched out about two inches and held in this position. All debris was removed, together with the wire that was used in the first operation. A piece of tissue was removed which had become entangled between the bones and kept them from uniting. The bones were placed in apposition to be held by extension and counter-extension with the Thomas splint which was now put on. The Dakin tubes were now placed within the wound, which was left open and dressed. The patient was removed to the ward, put to bed, with the Thomas splint hung in a sling. Dakin solution was run into the wound every two hours, night and day. The wound was dressed daily. At the end of the first week marked improvement was seen; the healing was from below outward. The source of infection had been removed and there was no more pus. At the time of our transfer to another post the patient was doing nicely and was on his way to

an uneventful recovery. He will, of course, be discharged from the service on account of his disability, as there will be a shortening in this limb of about one inch.

The point we wish to bring out is, that all gunshot wounds with bad fractures should receive the proper attention in the beginning, left open, and not closed up at once; for you will surely have to open and do your work over again, much to the regret of yourself and the disgust of your patient.

Another vital point is the free incision and removal of everything that looks dangerous. The use of Dakin is known to every surgeon, so we need not dwell upon it. If you have never used it, try it.

We could go on and give a number of cases of great interest, but there are also a number of surgeons who have had the same class of cases to deal with. Do not be afraid to make your incision long enough, and deep enough, to accomplish that which you most desire—*results*.

CO-OPERATION FOR MUTUAL BENEFIT IS THE KEY TO THE SITUATION.

A. B. Couch, M.D., Marlin, Tex.

Unity of purpose should be our motto. There are few problems more difficult to solve than the prevention and cure of disease. Humanity is a linkless chain welded together by dependent relationship. Man can not live unto himself alone. Love, peace and happiness constitute a trinity in unity. Man, single handed, is the most dependent creature in God's creation. He reflects divine attributes in a higher degree than any other of His creatures. Man does not steal, lie nor murder from choice, but prefers uninterrupted commerce, union, navigation, trade and good will toward all mankind.

Behold our big brother in high finance who is demanding a pound of flesh with the blood; he fluctuates prices on everything that the earth produces and piles up millions in profits, and with this combined wealth controls supply and demand and contracts or expands the circulating medium whenever it suits his selfish interests. He tries to appease the people by charging it to the political party that happens to hold the helm that guides the ship of state. Now he is charging the increased cost of living to the recent world war, in the face of the greatest crops of foodstuffs that the world has ever produced, but the sad part of it is, the producer is not sharing in the profits. Consistency, thou art a jewel. This hypothesis is an infringement on the rights of men, which is the prime cause of all revolutions.

Our big brothers in high finance, our representatives in Congress and our statesmen know better than any one else that there is an unjust concentration of combined wealth in this grand old world of plenty which is producing an international disease that is sailing under many nom-de-plumes. This vast tide, this unthinkable tide of high finance, extends from continent to continent and is destroying human liberty and civil government, and this unjust state of affairs has continued to such an extent that it is destroying

human liberty and evil government. Who is so blind that cannot see that this nation is drifting towards unknown shores whose atmospheres are laden with poison and death, and unless some powerful prophylactic is used against this selfish interest, all that Jefferson and Lincoln meant to this Republic will count for naught. We are simply money mad. Men without money are no longer respected, no matter what their attainments may be; their veracity and integrity are discounted.

To those who may object to my criticism, I reply that I know of no better way of remedying evil than to recognize its existence. An honest and just investigation of suspected corruption, and an honest and brave avowal of discovered wrong, are the first steps of amelioration of error. He who is afraid to see and dare not mention the misdoings of others is a dangerous citizen, and is no better than the scheming politician whose cowardice and insincerity call forth the reprobation of upright citizens. It needs no argument.

Alas, it is the horny-handed sons of toil, the producing class, that is so unjustly compensated for the products of his labor. My dear doctors, this is the class that calls upon us most and pays us least—not because they are less honest, but because the speculating gamblers control prices of his products. Now, since these profiteers have no sense of justice, it is incumbent upon us as a professional organization to memorialize Congress to apply the remedy in time to prevent our own destruction. Self-preservation is the first law of nature.

CASTOR OIL—OLEUM RICINI.

H. H. Blankmeyer, M.D., Aransas Pass, Texas.

Most authorities tell us the best castor oil is obtained from the East Indies or Italy; but since we were invited across the water to give Germany her dose, so much castor oil of a superior quality was needed that Uncle Samuel called upon Texas, and, as usual, not in vain. I have not chosen this subject of castor oil for the purpose of lauding Texas, as our sister State of California can also claim her proportion of credit as a lubricator of airplanes, alimentary canals and what-nots.

I first learned of this oil when quite young, but it was more forcibly brought to my attention as a man of medicine when a fellow practitioner, by mistake, once ordered it in gallons, instead of pounds. When the quantity he had bought was referred to, not wishing to acknowledge a mistake, he replied, "The nature of my practice demands it," and the order stood. He was one of the men who claimed, if compelled to practice medicine with one remedy, it would be castor oil.

Please excuse this diarrhea of words as an introduction to my subject; but if there is anything in psychology the writer desires to get your minds in a receptive mood to thoroughly appreciate the properties of this greatest of domestic remedies. Every well-regulated family has it in the house—they are all using it, and whether the baby cries or not, he gets it—even if

the doctor or some other hard-hearted creature must hold his nose (I mean the baby's nose).

Most writers give more space to advising various modes of disguising the taste of castor oil than they do to its medicinal properties; but the Christian Scientist says that is all bosh, there is no such thing as smell or taste—but he continues to add sugar to his coffee or cocoa. What have we learned in this regard? While we recognize the palatability of a proprietory preparation of castor oil flavored with wintergreen—if the patient is young and innocent, no disguise is necessary for a few years, although we may be compelled to assist by holding his nose to assist deglutition. If it is true that it is the smell and not the taste of the oil that is objectionable, to freeze the pharynx with a piece of ice before taking would be of no avail, but it does help. To boil the oil in sweet milk and add sugar, assists; but it is a good way to forever kill the desire for a very useful liquid food. There may be one reason why some men do not like to take theirs in whisky or wine (providing they ever take oil).

My favorite mode of preparing castor oil for efficient administration, is to heat the bottle of oil and spoon by placing in hot water, being careful not to get either too warm and burn the mouth. This permits the oil to flow more freely, gives your patient the benefit of a full dose, and quicker and better effect as a cathartic.

As a cathartic for cleansing the canal, if fever is present, large doses of sulphate magnesia is to be preferred; but castor oil is to be preferred if fermenting or irritating material is to be removed, as so often is the case in cholera infantum, cholera morbus, dysentery and simple diarrhea. Many writers advise but one dose, but I prefer four. Starting with a heaping tablespoonful, then give half the amount every two hours, making the dose a half-teaspoonful for the fourth one. The first large dose will generally empty the canal, but by following it up with the succeeding three smaller doses you will not only have your patient's alimentary canal thoroughly cleansed but in a more receptive condition to receive effective specific medication as indicated.

If tenesmus is present, as in many cases of dysentery, the action of the oil will be enhanced by the addition of gtt. x tr. laudanum to each dose. If tympanitis prevails, add gtt. v to x of turpentine according to age of patient. This will also remove the tendency to griping. After the administration of the first initiative four doses it is generally advisable to give one dose, a tablespoonful, once a day so long as fever continues, to remove any fermenting material that may be retained. But you must use common sense as to the ability of the patient to stand the strain, especially if a child with the strength much reduced.

Some good housewives use castor oil very successfully as suggestive treatment to correct objectionable habits of their children. The cathartic does no harm to any average child's stomach or bowels, and is preferable to scaring them with threats of sending for the doctor, who will give them nasty

medicines. It proved a complete failure in a case where advised for thumb-sucking—she would suck the thumb dry and call for more.

For soft corns, placed between the toes on some cotton each night for a week it is an effective remedy; also to apply in ears to soften hard wax. Dropped into the eyes, it is one of our best collyriums, for the inflammation generally present after removing a foreign substance, or in any other inflammation of the lids—providing the patient is not advised it is common castor oil.

Ellingwood's Therapeutist, 1911, page 207, published this excellent combination, which I have used with much satisfaction for burns, cuts, etc.: Carbolic acid, cresol, alcohol, aa, 1 oz.; oil lavender, half ounce; castor oil, C. P., q. s., one pint. Gives instant relief and heals by first intention. Don't remove the dressing, but remoisten with the solution.

No one forgets to advise its liberal use before and after childbirth. It makes childbirth easier and later assists in the development of the lacteal secretion, removing fermenting material and preventing complications generally. For a few days after the thorough effect of castor oil the bowels will be slightly constipated. With it the conscientious physician will abort fevers and big doctor bills, although not fully appreciated by the average family in this land of bunco. Every doctor with any experience has seen high fevers, spasms, whooping-cough, peevishness, etc., relieved immediately by the liberal use of this oil,.

For many years it was to the good housewife what the Ford is to hubby, "the universal vehicle," found everywhere except in good society; but of late it has climbed into the band wagon of H. C. L. and is associating with the best of financiers at the grocery or corner drug store.

BURNS AND THEIR TREATMENT.

S. W. Moreland, M.D., Jonesboro, Ark.

This is not altogether a surgical subject, but is near the border line between surgery and general medicine. The older authors make a classification of three degrees of burns—erythema, vesication, and charring. More modern authors usually divide burns into six degrees, as first suggested by Dupuytren. In the first degree the skin is only reddened; in the second there is dermatitis with vesicles; in the third, necrosis of the superficial layers of the skin; in the fourth, complete necrosis of the skin; in the fifth, necrosis of the skin, subcutaneous tissue and muscles; in the sixth, charring or carbonization.

Burns may be produced either by dry or moist heat. There is little difference in the effect, whether the heat is dry or moist. One of the worst burns the writer ever saw, with recovery, was caused by a child falling into a kettle of boiling lard. This case will receive further mention under treatment. The effect upon the tissues when the surgeon uses a stick of caustic is nearly identical with the effect of dry or moist heat.

The skin is very important in the animal economy. When large portions of it are destroyed the remaining portions are required to perform the function of the whole. This is sometimes a greater task than the reduced sound skin surface performs. In addition to the normal function of the reduced skin surface, large quantities of broken-down tissues may be absorbed from the burnt surface, to be again excreted by the excretory organs, including the reduced skin surface. It has been claimed that if one-third of the surface is burnt, recovery is impossible. The writer believes this is erroneous, that recovery depends more upon the part of the body burnt than upon the amount of surface. If the burnt surface is large and includes regions over important abdominal organs, the prognosis is more grave; but a small surface destroyed over important abdominal organs often produces bad results. From apparently slight burns, abscesses may extend to the liver or other organs and produce death.

Two illustrative cases are as follows: Ralph C., four years old, was playing and fell backward into a large kettle of hot lard. The writer saw him less than half an hour later, and found a burnt surface extending from just above the knee to the waist line, second and third degrees. He was screaming from pain and complaining of being very cold. Pulse hardly perceptible at the wrist. One-fourth grain morphine was given hypodermically. No olive oil being present, a 5 per cent. solution of carbolic acid with linseed oil was used as a dressing. Afterward olive oil with linseed oil was used as a dressing throughout the treatment, which extended through a period of six months. What almost proved serious resulted from the first dressing; some water had been used about the bedding, and the damp bed clothing coming in contact with the oiled dressing, chemical action took place and produced sufficient heat to burn some of the bed clothing badly; but this was discovered before any serious harm was done.

One other case: A three-year-old child, while playing fell into a kettle of boiling soap. The burnt surface was almost identical with the case above described, nearly all the second degree. The writer saw him within forty minutes; he was not suffering from much pain, but was complaining of being cold. A 5 per cent. solution of carbolic acid with olive oil was used as a dressing and the burnt surface covered with gauze saturated with this solution. The child was placed in bed and warm irons applied to the extremities; but he never fully rallied and died in about seventeen hours.

Olive oil and carbolic acid was used in the above cases. Other dressings have been used, but the writer knows of no better. In cases where this solution can not be had at the first dressing, a solution of baking soda may be used, or the dry soda sprinkled on the surface and then covered with gauze or clean rags. Bad burns should be dressed every day to prevent interference with granulations, a 25 per cent. solution of peroxide hydrogen should be used to loosen the dressing. In case of Ralph C., spoken of above, in the later weeks the general health suffered, the blood seemed bad. Ten-drop doses of echinacea three times a day seemed to be the one remedy needed.

Where large surfaces are burnt and granulation is slow, skin grafting should be resorted to.

There is a tendency to contraction of the muscles as cicatrization takes place. To prevent this splints may be used till healing takes place. The writer makes no claim of presenting anything new, but only to call attention to a very important subject. In a practice of nearly forty years a large number of burns have been seen. The treatment outlined above has been successful in the writer's hands. Whatever dressing is used it is a cardinal principle that it should serve to exclude the air from the burnt surface.

SMALLPOX.

J. B. Matthews, M.D., Blue Mound, Ill.

The paper that you have assigned me is that of smallpox. It is not definitely known at what period smallpox made its first appearance in America. In the writings of the Greek and Roman physicians we find nothing which could lead us to believe that they had any particular knowledge of this devastating malady, although we can scarcely doubt that its origin was of an early date. The Arabian physicians were the first who gave a distinct description of this disease.

Smallpox is divided into two varieties, namely, the discrete and confluent. In the former, distinct elevated, distended and circular pustules are scattered over the surface of the body, and in the latter the pustules are exceedingly numerous, depressed, irregular, circumscribed and confluent or coherent. There exists, however, no essential difference between these varieties, and the division is indeed altogether arbitrary, for in some instances the pustules are confluent on the face, while on the rest of the body they are discrete.

The time which elapses between the reception of the variolus virus and the first manifestation of its influence on the system is said to vary from about seven to twenty days, although by far the most common period of its inception is between the ninth and fourteenth days. During this period of incubation no obvious symptoms of indisposition occur, the individual retaining an apparently good state of health. It is stated by some that the disease is apt to be most violent when this period is of short duration.

Course and Symptoms of the Discrete Variety.—The disease commences with a feeling of languor, weariness, aching pains in the back and lower extremities, slight creeping chills, with flushes of heat and pain in the forehead, more or less nausea and vomiting, attended with great thirst. Pain in the epigastrium and some degree of soreness in the fauces speedily ensues. When the fever is completely developed the skin and face are dry, the tongue white and generally red at the point. The bowels are torpid and the urine scanty and of a deep red color. During the first and second days of the fever slight hemorrhage from the nose is apt to occur, the mind often becomes dejected and confused, and toward the end of the third day the tongue usually acquires a bright red color. Shortly before the appearance of the eruption

an unusual tendency to perspiration generally occurs in adults and frequently much drowsiness and sometimes coma supervenes at this period. In children the eruption is sometimes preceded by convulsions, but the tendency to free perspiration very rarely occurs in them. In many cases the hands and feet are cold throughout the whole course of the disease, more especially in very young children. The coldness of the extremities has by some been considered as the most certain diagnostic symptom of the eruptive fever, but the most frequent and characteristic phenomenon of this fever is the pain and soreness to pressure in the epigastrium, and the vomiting, both in adults and in children. A considerable increase in the febrile symptoms usually takes place a short time before the eruption begins to appear. In some instances severe cramps in the legs occur at this period.

Toward the end of the third or beginning of the fourth day from the commencement of the disease the eruption begins to make its appearance. The pustules appear first on the forehead and on the parts about the mouth and nose. Next they appear on the forearms and upon the breast and abdomen, and last of all on the lower extremities, so that in about twenty-four hours the eruption is completed. The eruption consists at first of red points, which by the middle of the second day present small elevations with inflamed bases, which as yet discharge no serous fluid when punctured, but the circle appears distended by a sort of semi-transparent plastic lymph. Toward the end of the second day some of these pustules present central depressions. Whenever you have pustules in the inside of the hands and the soles of the feet, you always have smallpox; no other disease that I know of breaks out in the palms of the hands or the soles of the feet—not even itch.

When you have a case of smallpox the best thing to do is to vaccinate the whole family and all people that have come in contact with the patient. It has been estimated that before the introduction of vaccination 450,000 individuals died annually of smallpox in Europe. Since vaccination has been in vogue the deaths from smallpox have been lessened considerably.

When I have a case of smallpox I have as much of the furniture removed from the house as possible, all carpets and rugs removed, have my patient sponged with warm soda water night and morning, oil him all over with sweet oil (olive oil), and on the face and forehead I use a mask, usually of oiled silk, to exclude air and prevent pitting. But do not forget the olive oil.

When they have fever I give them internally aconite, apis and avena sativa to reduce the fever and control the kidneys. As soon as the fever subsides I give them two grains of quinine every four hours as a tonic. I also give them a tablet composed of sulphur, cream of tartar and bismuth. Not very much medicine is needed, but you want the best of nursing.

In my state we quarantine them for ten days after the eruption has left and they have scaled. All parties in the house who have not a good scar of vaccination, not over three years old, must be vaccinated and remain in the house or on the premises for ten days, the same as the ones who have smallpox. After the ten days we have the house thoroughly fumigated, the patients bathed and fresh clothing put on, when we turn them loose.

The National Eclectic Medical Association
QUARTERLY

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SUBSCRIPTION PRICE : : : $1.25 PER ANNUM

All communications, books for review, exchanges and contributions for publication should be sent to the Editor, at Forest, Hardin County, Ohio; change of address or advertisements, to 630 West Sixth Street, Cincinnati, Ohio.

Vol. XII. JUNE, 1921. No. 4.

DUES.

There are many receiving this copy of the QUARTERLY who have neglected to pay the last year's dues. This works a hardship on the Association, makes cost greater and adds very materially to the work your officers have to do. Every delinquent has now had one or more requests to pay up. Why not do so? All know of the meteoric rise in the costs of everything except postage and the gratuitous labor of your faithful officers, whose work you would absolutely not do and which, by neglect, you increase.

Again, the Postoffice Department makes it necessary for a sworn list of *bona fide* paid subscribers to be annually given. This necessitates the dropping from the mailing list all who are more than one year in arrears.

Did it ever occur to you, my honest and well-meaning but forgetful doctor, that this one feature works much loss to the Association, because you receive four copies of the QUARTERLY for which no payment is made? These cost about $1.50, besides the time, work and postage necessary to collection of delinquent dues, explanation for discontinuance, lapse of membership, etc.

Again, to manage such an association as we have, do it on such a narrow margin of expense, pay all bills, and accumulate some balance in the treasury, is certainly in itself a compliment to the officers, and they should at least enjoy your co-operation to the extent of prompt replies to letters and prompt remittances of dues.

It has long been the policy of the National to reinstate old delinquents on the payment of two years' dues. You readily see the justice of demanding that payment be made for one year in which the society has supplied the QUARTERLY, and during which you enjoyed its benefits in other ways. The other year's dues are credited a year in advance.

Did it ever occur to you what a school might be developed if each of the

1,700 graduates of the E. M. I. would donate $10.00 annually? There are many now doing this—yea, even some non-graduates. There are none who could not spare this amount easily, and it should be done gladly and voluntarily. Now that your attention is drawn to the matter, *will you do it?*

Again, our president can not make our next meeting a success unless he has the willing, loyal co-operation of the membership.

The place of meeting is Colorado Springs, the time June 21-24, inclusive. There is no more beautiful place on earth to go. The trip itself, rest, recreation, scenery, social enjoyment, educational benefits and your duty combine to make going an irresistible thing to do. If you have not been there, you will be delighted; if you have, one or more times, you have better reasons for going again, knowing the marvellous beauty and grandeur of this beautiful mountain city.

But this all pertains to your delight and pleasure. Essential, too, are many good, carefully prepared scientific papers. The president can not, should not, and will not do it all—you must do your part. Our transactions mark our progress, make our history. Shall they be worth the publication and of importance to posterity? That depends upon *you*. You can not escape your share of the odium if we do not measure up to the requirements of the times.

Again, when the Apostle Paul went among the Athenians he observed that they were wont to discuss something *new*. Mankind from the time of Paul until now has had this one desire, sometimes above all others. Have *you*, have *we* anything new? Have we done or are we doing anything in advance of any others? If not, shall we sleep on the laurels of our dead ancestors, or shall we do something? Think this over. Do you know why our young men want to and do go to other schools? Do you know why they join other societies? Think about it. Let us discuss these things. They exist. We may not see them if we shut our eyes, but the "world do move," and *we must not be left standing still.*

True, the Lloyds have given us colloidal medicines, which stand out as a distinct type of American Eclecticism and real progress in medicine. Yet most of us need to awaken and not allow ourselves to be second to any in American progress.

Be a constructionist. Mere criticism may do some good, but better plans, better work, better advantages, advancing scientific and successful medication will make us needed, make us to be wanted, cause us to be in demand. But stagnation means decay and disintegration.

Our system is now much in demand. Ask our colleges. Our forefathers prepared the way—what shall *we* do? Eclecticism will be only what we make it, no more, no less. Why do our men apologize and send their sons and students to other colleges? If we do not have all the requisites we can not blame legislation nor public opinion nor any other body of men but ourselves. Answer this question: What have I personally done to make Eclecticism a success, to upbuild her cause, colleges and organizations, and to add to science?

Money is essential, but cold dollars alone are poor comfort; all the other things are needed. Will you do your part? We will leave it up to you to decide. BEST.

THE NATIONAL.

It is less than two months from the time for the next meeting of the National. Are you ready for it? Have you made up your mind to make it a vacation trip for yourself and family—to visit one of the wonder sections of our Union?

Meeting so far from the usual centers of Eclectic activity, we do not expect the large attendance that sometimes makes a "big meeting." We do, however, hope to have every section of our country represented—North, South, West and East—and if history repeats itself we shall not be disappointed. Some there are who always attend the National, and we can reasonably predict who they will be this year. They have carried the burden of work for years, and are still willing to put their shoulders to the wheel. They are looking forward, however, to reinforcements from the younger rank and file, and they have a right to expect the latter to attend, or help in some way to keep up the work of the National. The sooner a young graduate in Eclectic medicine joins the State and National societies the sooner he secures for himself the protection which works silently for his good, even though he be not aware of the power it holds. If, then, the National is your protector and benefactor, is it too much to ask you to render it a loyal support?

From the papers that have been promised we have the forecast of a meeting which shall be rated for good productions. While numbers are very desirable,we would much rather fill our transactions with good, practical and scholarly papers than to boast of a great throng. Steadily, by a silent growth, has Eclectic literature forced its way into general medicine, until today the physcian of other schools looks for and reads the contributions of Eclectic authors. Ours is *the* school of drug therapeutics. The average practitioner wants drug therapeutics. The Eclectic who gives us his experience, in well-written production, with Eclectic therapeutics, does the world of medicine a world of good, and lays great credit to himself and his own school. Therefore, we say, we want good papers, good discussions, helpful experiences, as well as a good social and recreational meeting. And these we expect to have. FELTER.

MISSOURI RECOGNIZES CHARTERED COLLEGES.

The legislature of Missouri passed a bill recently requiring the State Board of Health to examine all graduates of legally chartered medical colleges. The bill passed by an overwhelming majority and has been signed by the Governor.

The Allopaths fought it, and after it had passed sent a large delegation from St. Louis to see the Governor and try and induce him to veto it. The deans of St. Louis University and Washington University were prime leaders

in the opposition and are now endeavoring to invoke the referendum and by popular vote have the action of the legislature revoked.

The bill not only requires the State Board to examine graduates of all medical colleges, but the results of said examination, if not satisfactory to the student, providing he fail, may be submitted to the court, and if it is proven that the Board showed prejudice he may be re-examined by the Board or a committee of doctors specially chosen.

The St. Louis Medical Society (Allopathic), at a recent meeting in which they deplored the fact that such a law should be passed and the good name of Missouri put in question, and the health of her people involved, and her position as a leader in medical science threatened, moved that the society authorize the Committee on Health and Public Instruction to ask for a conference in St. Louis of the president, officers and councillors of the State Medical Society with the officers of the county societies and prominent medical men and laymen of the state, to discuss the question of invoking the referendum upon the law.

The bill that was passed was fostered by the College of Physicians and Surgeons of St. Louis and colleges at Kansas City. The Governor, in signing the bill, said in part:

"This bill has been attacked upon various grounds, among which is the allegation that it would lower the standard of medical education in the State of Missouri. I am unable to accord with this view. The bill does nothing of the kind, it does nothing more than require the State Board of Health to permit the students of any medical college to take the examination. A most searching examination into the various subjects embraced in the practice of medicine is authorized and the applicant must answer at least 75 per cent. of the questions."

Is this not the beginning of an effort on the part of the people to break away from the dominance of the medical trust and return to the days when the public had a right to choose the physicians who shall look after their physical welfare? It is, no doubt, a good thing to require a high degree of education, or at any rate offer facilities for the higher education of those who wish to specialize; but owing to the fact that the rural districts are beginning to suffer for the need of physicians, and to the fact that the higher trained men will not locate in smaller communities, there must be some plan evolved to take care of these communities. The following item from *The Medical Summary* indicates the trend of affairs due largely to the higher requirements. The question is, shall certain communities be denied the opportunity to obtain a physician who may not be trained so scientifically rather than none at all?

The article in the *Summary* to which I refer says in part: "That the town of Otis, Mass., has no physician and offers to pay $500 per year out of the town's money to any physician who will locate there. It was also stated in the Philadelphia newspaper from which this notice was taken, that there are seventy towns in the State of Massachusetts that have no doctor and they are asking Harvard University to send them doctors.

"In the Cumberland Valley in Pennsylvania there are thirteen towns without a physician, according to the latest information I have had. This large section of prosperous farming country, splendid towns and excellent citizens is without possibilities of medical attention."

The question that confronts us is, will the Missouri law stand, backed up by public opinion, and will other states adopt it, and we go back to the days when colleges had the power to fix their requirements, or is this just a spasm and the medical powers of the giant A. M. A. succeed in retaining control of the output of physicians?

We do not, I am sure, wish to go back to the two or three years requirement, but I think we should not be dominated by one medical organization that is prejudiced in their ideas as to what method of treatment should be used in the cure of the sick. An organization with narrow ideas is bound to meet effective opposition sooner or later, and the "show me" state has driven the opening wedge, and we hope the hard shell of medical autocracy will be so widely cracked that the damage may not be repaired.

H. H. Helbing.

MEDICAL LAWS.

The above editorial by Dr. Helbing only voices my own sentiments and ideas. We would not desire to see the medical colleges revert to the conditions in vogue in 1882 and 1883. They could not if they would, as medical science and teachings since that time has experienced an entire change.

We feel that medical legislation has overstepped itself. It is not all legislation either, as much of it is simply rulings by state boards and often rulings by committees and commissions having no legal status, but simply assuming unto themselves authority.

It is the influence of these men over state boards that has brought about the present conditions. I have always contended, and still contend, that the state should regulate the curriculum and equipment of a college, and that no quasi-legal board has a right to classify that college. The state grants the charter and superintends its activities or functions. I have doubted the wisdom of the examining board under such circumstances. The teacher or faculty can best judge of the qualifications of the pupil.

The main point, however, is, the medical laws restrict none save only the educated, law-abiding physician. Quackery and charlatanism is as rampant today as it ever was. Medical and health laws are simply ignored and are a joke to most designing charlatans. The board seems powerless to stop these men in their nefarious work. When one witnesses the people flock to these ignorant, dirty, and at times diseased mountebanks, he is tempted to doubt the value of an education and the long grind of from seven to nine years in preparation for life's work. He not only doubts the wisdom of this preparation, but the intelligence of the people who flock to their shrines. It is not merely irritating, but absolutely disgusting. It engenders in one a disrespect for law and order. We wonder at times if it would not be better to wipe

all medical laws from the statute books and give a free rein to these people. They take it at any rate, and the state seems powerless to restrain them.

The old cry to "protect the people" has no weight today. We doubt if it ever was a true motive, but was originally designed to further the ends of a designing clique. A large share of our legislation has a selfish end in view and originally is not designed nor intended to protect the people but to advance the interests of a certain class or society.

Legislation is selfish and provincial, and this is especially true of much of our medical and socialistic legislation. The rights and welfare of the masses are not even considered, but only the desires and whims of a class or portion of the proletariat. M.

SIMPLE AND DIRECT MEDICATION.

The following is a sample of the usual prescription: Tr. gelsemii, m. v; tr. belladonna, m. v; potass. citratis, gr. x; syr. aurantii, dr. i; aq. chloroformi, ad. oz. i. Sig.: One ounce every four hours for the first twenty-four hours, thereafter half an ounce four hourly until the temperature is normal. One accustomed to the use of these remedies would hardly wish a prescription containing both gelsemium and belladonna. It would seem like sacrilege to an Eclectic to use such a combination.

This combination was used and extolled for influenza. It is claimed that "in a small number of cases it produced slight ocular disturbances and mild head symptoms." This method of combination does not conduce or lead to anything positive in therapeutics. It is not rational or scientific. We all used these remedies in influenza with positive results, but we used them singly. One can scarcely think of a condition that would call for a combination of the two first named agents.

In the flushed face, throbbing headache and high temperature, gelsemium singly would suffice. When symptoms of congestion are seen, as the dilated pupils, tendency to stupor or sleep, face bluish, belladonna is used singly. In fact, opposite conditions call for these remedies, never in combination. Therapeutics becomes a certainty, a science, when we have learned to use our remedies singly for certain conditions, or specific conditions, and not in a hit and miss combination or mixture.

This same tendency is prevailing in serum therapy. We have polyvalent mixtures containing five or six strains. This can hardly be called scientific. It appears to be simply a matter of chance or hope that some one of the numerous ingredients will hit the mark.

The subject of therapeutics is sadly neglected, and Eclectics and Homeopathists have not fulfilled their mission until the subject is taught as it should be, for after all the patient is as much interested in being helped physically as he is in knowing the full pathology of his condition.

Again, the neglect of the study of therapeutics is responsible for the growth of the charlatans and mountebanks, who seem more numerous and brazen than ever. Our state laws are inadequate to meet their case, and as a

result it is practically impossible to check or punish them. A conviction seems almost impossible. M.

SEASONAL REMEDIES.

Dr. Jno. M. Scudder frequently talked to his students and wrote about seasonal remedies. It seems, as I revert back to my student days and ponder over the intervening years, that our old teacher thought and taught in advance of his times. We recall that he would remind us that in some years throat affections would be the prevailing type of sickness and phytolacca would be called for. Again seasons would occur when it would be chionanthus. And so we could go through many of the remedies in the materia medica.

Experiences have frequently caused me to recall this teaching. Several times have we passed through what seemed to be an epidemic of gastro-duodenitis. At least nearly every child seems to be afflicted, and chionanthus and sodium phosphate were the remedies. Again it would be some form of tonsillitis. Even pneumonia and bronchopneumonia would be the prevailing type of disease.

The present spring I have been struck by the prevalence of infections of the glandular system. The patient has a slight pharyngitis and involvement of the cervical chain of lymphatics. On both sides these glands are so swollen as to be palpable, and frequently visible and tender. There is soreness and stiffness of the neck and a slight temperature for from forty-eight to seventy-two hours, but the swelling of the glands persists for a length of time. In some instances the salivary glands are involved.

These are but a few of the many instances which have brought to my mind this fact. Time and again we have been able to attest to its truthfulness. M.

THE NATIONAL.

The National Association meets in Colorado Springs, June 21-24. Are you ready to attend? Have you all your arrangements made to attend this meeting? As was intimated in the last QUARTERLY, Colorado Springs is surrounded with points of interest, with many wonders of Nature; in fact, the trip takes us through much of the scenic portion of America. You can purchase your ticket so as to return by a different route than the outgoing one, thus giving one an opportunity to see more of the country.

There are inducements other than that of sightseeing. Among the pleasant memories of the years gone by are those of the associations and friendships formed in these conventions. We learn to know men and are helped socially and mentally by coming in contact with those who are our superiors mentally. One is never helped by mingling only with those who are of his own station or beneath. Neither can one hope to advance in his profession by abstaining from association with his peers. One gains a larger outlook of life by attending conventions and associations of men intellectually their superior. In these days one can not live within himself, no more than can

a nation. Of all men, physicians should have a large conception or vision of life.

In addition there are the business needs of organization. We must organize for self-protection. The legislature of my own state has just adjourned and its history strongly evidenced the needs of organization for self-protection. There are certain classes who constantly maintain strong lobbies, not only in our own state capital, but in the national capital as well, constantly seeking legislation that is inimical to all but their own selfish interests,—legislation not only selfish, but class legislation of the most vicious type. In fact, much of the legislation of the present day is of this type, and we believe it would be to the best interests of the masses if our legislatures would meet only quadrennially rather than annually or biennially. To offset or meet these conditions is one of our needs for organization. We have been too careless in the past, and our men, content with their own success, have been disposed to let others do the work they should have assumed. I have no patience with the man that stands aside and criticises without assuming his full share of the burden. There is a destructive as well as a constructive criticism. We have had too much of the former and not enough of the latter. Much of the former has come from some who should have assisted in building a better, stronger organization. They have never assumed their full share of the burden, though recipients of the benefits that accrue from our society.

The program appears elsewhere in the QUARTERLY. It is subject to change. Come, take your share of the burden and heat of the day, and see if we can not excel the Atlanta meeting. We will have to move some if we do.

Those who desire to travel by way of Chicago should send their names for reservation either to Dr. Chas. A. Woodward, 2029 Bissell Street, Chicago, or to the editor.

The schedule of train service follows: Similar arrangements have been made for Southern and Central passengers through Cincinnati via St. Louis. All tickets can be routed one way out and a different way returning. Eastern passengers can go either way.

Illinois has arranged with the Burlington Railroad to operate special sleeping cars for our exclusive use, direct to Colorado Springs, on the following schedule:

Leave Chicago	11:00 p. m., June 19th
Arrive Denver	7:30 a. m., June 21st
Leave Denver	8:15 a. m., June 21st
Arive Colorado Springs	10:52 a. m., June 21st
Round trip railroad fare Chicago to Colorado Springs	$53.78
Lower berth, Chicago to Colorado Springs	11.75
Upper berth, " " "	9.40
Compartment " " "	33.21
Drawing room " " "	42.00

We have just been notified to change time on this route as follows, cancelling preceding:

Leave Chicago 10:30 a. m., June 19; arrive Denver 3:30 p. m., June 20.

Leave Denver 3:55 p. m, June 20; arrive Colorado Springs 6:32 p. m. June 20.

For reservations write J. R. VAN DYKE, G. P. A., 179 West Jackson St., Chicago, or CHARLES WOODWARD, M,D., President Illinois Society, 2029 Bissell St., Chicago, Ill.

NEWS AND NOTES.

Arkansas.

The state legislature has passed the Lemore bill regulating the practice of medicine and surgery.

California.

Dr. M. A. Welbourn has located at 1645 La Brea Ave., Hollywood.

Dr. A. A. Pratt has opened an office at 157 Pacific Blvd., Huntington Park.

J. J. Taylor has removed from Camp Verde, Ariz., to Tule River Indian Agency, Porterville.

A. S. Leven has removed from Little Rock, Ark., to Arrowhead Springs, care Public Health Service.

Florida.

The Florida Eclectic Medical Association met in Jacksonville and report a good meeting. The secretary is Dr. Violet Middlebrooks, St. Petersburg.

A. H. Young has removed from Jennings, Okla., to Orland.

Georgia.

Informally to talk about the Eclectic meeting in Atlanta, last April, seems to be the best way in which to approximate the informal spirit which prevailed. It was delightful. In this day when organizations, leagues, associations, societies, unions and clubs multiply for every sort of purpose, there is something rare, something fine and far beyond definition in the annual meeting of our ranks at the historic old Kimball House in Atlanta, where for the past fifty years "the same crowd" has gathered. Who shall say it is not "the same," despite the inevitable changes to outward sense that must occur in half a century? All must serve their day and generation and pass on; but great indeed it is to know that their memory lives with us, and their very personality is often worthily reproduced in sons who serve their day in turn.

Business was quickly transacted, with praise to the officers of 1920 who so ably conducted the affairs of the preceding year. We have had every assurance that the care they took of our distinguished visitors to the National last year was appreciated by them.

A number of valuable papers were presented. Not so many, however. Sometimes there is a veritable "embarrassment of riches" which precludes time for thorough discussion. It was the exceptional good fortune of all

present to thresh over points in treatment and thereby gain most important help. The time given to children's diseases shows how far we are advanced in realization of their importance. The rest of the medical world has hardly waked up. Indeed, lay ignorance reflects general ignorance and indifference in supposing that such diseases are virtually "normal" in all children. Parents are afraid of diphtheria and scarlet fever, of course; but not afraid enough, frequently, to call a doctor at the onset. The gravity of any endemic or epidemic disease in infants was stressed. If it were understood that all these diseases were dangerous, surely prevention would advance. Unfortunately many a medical student has only too light a view of them, and mothers let them run through the family, even to the fragile babe in arms, whose constitution can seldom withstand the overwhelming toxines. The evil practice of giving narcotics was condemned and instances cited where the too ready "hypo" to "quiet a cough" quieted it only too permanently. The old Eclectic sedatives and remedies had testimony again to their worth. If we can ever be said to "save life," surely we save it in cases where all life is yet before a little child, and until some serum is devised that will render us all immortal regardless of everything, the ringing whoop, the rash, the signs of exhaustion are challenges to medical skill—not medical expectant treatment nor parental stolidity.

An odd note that may be helpful in whooping or other paroxysmal cough was the experience of strapping the stomach. A simple binder, tightly applied, worked wonders in preventing reflex vomiting.

What may be termed the "obese diathesis" was the subject of another round-table discussion. While the too-fat and the too-thin are subject to every sort of malady, both types are in a sense maladies themselves; at least they cause much distress to their victims. The symposium on chronic diseases and chronic discomforts was particularly illuminating, and it is a source of regret that it can not be given in full. When we can't, or won't, bother with the patient's painful lack of personal pulchritude, he or she drifts to the "beauty specialist" or the dye faddist. When we grow bored and tired of the chronics, they seek help elsewhere, whether they really find it or not. To much in medicine leans to the high-brow; that is, the extraordinary case that interests doctors as doctors. We need precisely the practical plan of helping the folks in ordinary circumstances who have ordinary troubles—for this is what interests *them*.

Our Georgia meeting was a post-graduate course in much that has been given scant attention. So, "a good time was had by all," because only a specialist may presume to speak, perhaps, of strange and complicated matters in surgery and research; but every doctor has met, is meeting, or will meet with the apparently simple, ordinary condition—and sometimes it is hidden dynamite if he can not handle it promptly and efficiently.

Only about forty out-of-town doctors were present. Many of these were not with us last year, and many of last year could not leave home this year. Well, we can not expect them all every time. The banquet, food, music and speeches, were particularly enjoyable.

Our officers for the ensuing year are: Dr. Wiley H. Quillian, Lula, Ga., president; Dr. L. P. Baker, Atlanta, first vice-president; Dr. W. M. Pierce, Suwanee, second vice-president; Dr. W. P. Durham, Sasser, Ga., treasurer; Dr. Grace Kirkland, Atlanta, secretary.

GRACE KIRKLAND, *Secretary.*

Illinois.

Dr. H. E. Price has removed from Illinois to 213 Elk Bldg., Stockton, Calif.

The division of child hygiene of the Chicago Health Department is making a survey of school children having discharging ears or suffering from deafness, to determine the relationship of diseased or enlarged tonsils and adenoids to such ailments. The division of child hygiene is also actively exploiting toxin-antitoxin as an agency for the prevention of diphtheria as a routine measure and without the use of the Schick test on all children under ten years of age. Last year 34,059 treatments were given to school children in the kindergarten and first grade. So far no child thus treated has had diphtheria.

Theodore Barnes has removed from Chicago to Albia, Iowa.

Geo. S. Park has removed from Varna to Roswell, Colo.

The Illinois State and Tri-state meeting will be held at Hotel Sherman, Chicago, June 6,. The three states holding this meeting are Illinois, Michigan and Wisconsin,. A good program has been arranged under the direction of Dr. Chas. Woodward. Many of the papers are by specialists along the line of their individual work. It pays every physician to get in touch with others and see what they are doing. Go to Chicago, June 6-8, and hear what these men have to say.

Dr. Chas. O. Woodward has revised his work on intrauterine medication and the same is now on sale.

Kansas.

Dr. J. B. Manley has removed from Iola to Wichita.

Dr. O. C. Baird, of Chanute, has removed to 404 Brady Bldg., San Antonio.

Missouri.

The governor has signed the bill removing the word "reputable" from the law governing medical colleges, and vetoed the bill permitting all practitioners of any system of healing recognized by the state, to attend patients in state institutions and all hospitals exempt from taxation. These bills were vigorously opposed by the Missouri State Medical Association, standardized medical colleges, and numerous laymen interested in medical progress, but were strongly supported by the osteopaths, chiropractors and the low grade of medical colleges. Governor Hyde has also signed the bill passed by the legislature providing for a nonpartisan board of managers consisting of six persons to be appointed by him, who shall have entire charge of the state eleemosynary institutions. The emergency clause puts the law into operation at once. The law requires the board to appoint a health supervisor who must be a skilled psychiatrist, at a yearly salary of $7,000, with

full control of superintendent and employes. The institutions consolidated under this law are the four state hospitals, the sanatorium for incipient tuberculosis, and the colony for the feeble-minded.

Michigan.

An ordinance recently passed by the city council of Detroit defines the uncovered sneeze or cough at a public gathering as a misdemeanor, punishable by a fine of $100. The corporation of owners of theaters and other public places has been requested that the ordinance may be enforced.

W. L. Hulse has removed from 3425 Woodward Ave. to 16549 Woodward, Detroit.

Massachusetts.

The annual election of officers of the Boston District Eclectic Society, held January 3, 1921, resulted as follows: President, Robert W. Powers; vice-president, Geo. W. Bishop; secretary-treasurer, Harold N. McKinney. Three new members were admitted during the past year and the annual dues were raised from $1.00 to $2.00.

Jas. G. Sherman has removed from Greenbush to Hingham, Box 329.

New York.

Tonsil and adenoid clinics for the children in Rochester have been established at the Convention Hall Annex and at the General, St. Mary's, Homeopathic and Hahnemann hospitals. The clinics are an outgrowth of the tonsil and adenoid clinic held by the Eastman Dental Dispensary during the summer of 1920, and are financed by the Community Chest. Approximately 1,600 children of school and pre-school age, who were referred for attention during a tonsil and adenoid survey of the schools, have been treated in the first three weeks of the clinics' activities.

The Burlingame bill amending the workmen's compensation law, to provide medical treatment for injured employes at the expense of the employer and empowering the commission to fix minimum fees for surgical and medical attention, at a hearing on March 2, met little opposition. The state industrial commissioner opposes the measure and suggested that a committee be appointed to study the medical question so far as it related to workmen's compensation. A number of physicians and representatives of the state Federation of Labor spoke in favor of the bill.

Dr. L. Lipschitz is located at 1529 Madison Ave., New York City.

J. T. Devoe has removed from Machias to Cannonville.

Dr. Earl H. King, member of the Board of Medical Examiners of the State of New York, delivered a most interesting lecture on the Roentgen rays in the treatment of goiters. The lecture was delivered at the sixty-first annual session of the Eclectic Medical Society of the State of New York.

Dr. T. D. Adlerman, of Brooklyn, one of the four Eclectic physicians on the staff of the Cumberland Street Hospital, Brooklyn, has been requested to deliver a special course of lectures to the nurses on "The First Symptoms of Insanity."

The sixty-first annual meeting of the Eclectic Medical Society of the

State of New York was held April 20-21, at the Albany County Courthouse, Albany, N, Y. The meeting, in attendance and work done, was the best held in years,. The secretary, Dr. T. D. Adlerman, proposed for membership twelve new members, as follows: Dr. V. Onorato, Dr. Leo Shank, Dr. L. F. Lesoine, Dr. M. Fishman, Dr. Eli Jones, Dr. M. Berezein, Dr. Abr. Gillman, Dr. J. Mangieri, Dr. A. Iva, Dr. M. Glines Maltaner, Dr. M. Cook, and Dr. N. Broadman. The report of the secretary was received with a great deal of applause and a rising vote of thanks was given him, and the treasurer, for the work performed during the year.

The report of the Legislative Committee showed that the society is ever watchful for the interests of Eclectics in New York State.

The following essays were read and discussed: The X-ray Treatment of Cancers, by Dr. F. E. Elliott; Squinting, by Dr. D. Alperin; Lumbago, by Dr. H. J. Terpenning; Typhoid Fever, by Dr. W. S. Dart; Eat to Live, and Live to Eat, by Dr. L. B. Dawley; Consanguineous Marriages and Insanity, by Dr. T. D. Adlerman; Chronic Non-suppurative Otitis Media, by Dr. L. B. Gardner.

The annual banquet of the society took place at Keeler's Hotel on April 20, and was attended by all members. The following officers were elected on the second day of the meeting: President, L. B. Gardner, M.D., Geneva, N. Y.; first vice-president, A. B. Wolf, M.D., Queens, N. Y.; second vice-president, E. G. Padgham, M.D., Geneva, N. Y.; third vice-president, C. B. Graff, New York City; secretary and state organizer, T. D. Adlerman, M.D., Brooklyn, N. Y.; treasurer, H. Stoesser, M.D., Union Course, L. I., N. Y. Next meeting, April, 1922, at Albany, N. Y.

Nebraska.

Dr. C. C. Drummond, of Harda, C. P., India, is home on a furlough and can be addressed at 1825 Prospect Ave., Lincoln.

Ohio.

J. Howe McLaughlin has opened an office at 3557 Montgomery Road, Cincinnati.

Wayne E. Young is city and county physician for Mansfield.

Dr. O. M. Hattendorf has opened an office at 1605 Chase Ave., Cincinnati.

C. R. Kittsmiller is now located at 530 W. Ninth St., Cincinnati.

L. W. K. Tracy has removed from Seattle, Wash., to 403 South View Ave., Fairview Heights, Cincinnati.

Allen J. Fox has removed from Cincinnati to 7 E. Market St., Akron.

In checking over the applications for graduation from the thirty members of the senior class in the Eclectic Medical College, the following interesting information is available: The average age is 28 years; years of medical study, 4¼; sessions attended, 4¼; confinement cases, 11; complete clinical histories written up, 49; autopsies witnessed, 14; major surgical operations witnessed, 168; general anesthetics administered, 47.

The annual dinner of the students and faculty of the Eclectic Medical

College, which is usally held about Washington's Birthday, was deferred this year until the evening of April 7, and was held in the large auditorium of the new Y. M. C. A., at Elm and Central Parkway. One hundred and sixteen students, professors and their wives were present, and thoroughly enjoyed the good dinner and particularly the three hours of music which was splendidly presented by the students. There was less formality than usual, and everyone thoroughly enjoyed the evening, and we all look forward to a similar dinner which will be scheduled for early next fall, possibly before Thanksgiving Day. The program was rendered by the following: Piano, Dean W. Harris, '22; G. R. Longenecker, '22, guitar; A. A. Gastaldi, '22, banjo; violin, C. J. Ohlbaum and T. P. Delventhal, '21; B. F. Barnes, '21, cornet; S. S. DeVaux, '22, piano; S. F. Smith, '23, monologue, and Hyman Stone, '24, piano; C. R. Smith and A. H. Crum, '21, vocal solo. Mr. Rosenberg, cartoonist of the Cincinnati *Post,* drew some interesting and amusing cartoons of the faculty and students. This was followed by several very good recitations from Dr. Carroll Behymer, instructor of clinical medicine.

Ohio State Medical Board.—The regular quarterly meeting was held in Columbus, April 4 and 5, 1921. The questions were submitted for the next examination for physicians, osteopaths, and drugless healers, May 31, June 1, 2 and 3, 1921. The following reciprocity certificates were issued on the basis of previous State Board examinations:

E. C. Brandon, Vanderbilt 1910, Ky. 1910; intended residence, Portsmouth.

J. W. Coggswell, Iowa Hom. 1906, Iowa 1906; to Columbus.

J. J. Conlon, Mich. Hom. 1915, N. Y. 1916; to Akron.

J. W. Cronin, Georgetown Univ. 1917, W. Va., 1920; to Cleveland.

E. J. Gunn (colored), Meharry 1919, W. Va. 1919; to Akron.

H. L. Higgins, Johns Hopkins 1919, Maryland 1919; to Cincinnati.

C. M. Hinds (colored), Meharry 1918, Maryland 1919; to Akron.

C. C. Hussey, Johns Hopkins 1919, Maryland 1919; to Sidney.

W. R. McKinnon, Univ. Mich. 1918, Mich. 1918; to Paulding.

L. D. McMillan, Univ. 1916, Mich. 1920; to Oberlin.

J. H. McMorries (colored), Howard Univ. 1915, D. C. 1916; to Toledo.

F. J. Mahony, St. Louis Univ. 1918, Mo. 1918; to Cleveland.

C. L. Mellon (colored), Howard M. C. 1908, Penn. 1909; to Toledo.

J. H. Minor, Univ. Md. 1903, Penn. 1903; to Cleveland.

G. F. Patterson, Iowa Univ. 1919, Iowa 1919; to Cincinnati.

L. L. Rosenberg, Univ. Mich. 1920, Mich. 1920; to Toledo.

F. J. Schuster, Univ. Mich. 1920, Mich. 1920; to Cleveland.

A. A. Shadday, Univ. Louisville 1917, Ky. 1919; to Harveysburg.

C. A. Smith, Balto. M. C. 1909, W. Va. 1909; to Clarington.

M. H. Stevenson, Univ. Mich. 1920, Mich. 1920; to Akron.

O. M. Unger, Univ. Mich. 1915, Mich. 1915; to Toledo.

J. B. H. Waring, Geo. Washington 1907, D. C. 1907; to Port William.

F. C. Watson, Vanderbilt 1906, Ala. 1913; to Akron.

R. T. Wess (colored), Meharry 1918, Texas 1918; to Canton.

C. J,. Yeisley, Univ. Mich. 1920, Mich. 1920; to Pt. Clinton.

The following certificates were issued on the basis of previous diploma registration: H. F. Bean, Univ. Louisville 1876, Ky. 1893, to Portsmouth; John J. Hanmore, Ky. School of Med. 1884, Ind. 1897, to Waynesfield.

The following cult applicants were granted registration: Leon Z. Bachman, Toledo, Chiropody under the waiver; Mary P. Searls, Cleveland, Cosmetic Therapy by examination; Louis L. Smith, Cleveland, Chiropody by examination. Three other applicants will take the June examination and three others were rejected.

Monday, May 16, 1921, was the annual home-coming day of the Eclectic Medical College at Cincinnati. There were several interesting operations and clinics in the morning, and the Alumnal Association met at 2 p. m., President Bert Coffey, M.D., of Connersville, Ind., presiding. The annual Commencement Exercises were held at Memorial Hall, Elm and Grant Streets, at 8 p. m., to which everyone was invited. This year there were thirty graduates, most of whom will take hospital interneships. Each year the outgoing graduating class raises a fund for some College purpose or for the assistance of some needy study. This year's class has subscribed $430 annually for a period of twenty years to the College Endowment Fund; total, $8,600. The following was the program:

1. Music—March, "The Detroit News".....Liberati
2. Invocation.....Rev. Arba Martin, D.D.
3. Music—Selection, "The Magic Melody".....Romberg
4. Dean's Report.....Rolla L. Thomas, M.D.
5. Music—"Quartette from Rigoletta".....Verdi
6. Conferring Degrees.....Hon. Aaron McNeill
   President Board of Trustees
7. Music—Cornet Solo, "Sea Flower Polka.....Rollinsen
   Mr. Carl B. Palis.
8. Address.....David Philipson, D.D., LL.D.
9. Music—Selection, "Ziegfield Follies".....Berlin
10. Benediction.....Rev. Arba Martin, D.D.
11. Music—March, "Master and Man".....Nichols

THE GRADUATES.

DeWitt G. Astler----------Ohio	David Frieman----------N. Y.
Vernon W. Astler----------Ohio	Lester McCutcheon Githens-Ohio
Benjamin Franklin Barnes, Jr. N. Y.	Edward A. Grad----------Ohio
Hyman Bashein----------N. Y.	Samuel B. Greenwood, Ph. C. N. J.
Robert Lee Bird, Jr.---------Ky.	William J. Ledwin----------Ohio
David E. Bixby----------Kas.	Clarence Joseph Ohlbaum---N. Y.
Harry Guy Brown---------Nebr.	John Oliver Perry----------N. Y.
Orlando Elsworth Cress----Ohio	Reuben Ploss----------N. Y.
Alfred Harry Crum---------Ohio	Wilbur Samuel Powell-------Mo.
Walter H. Culley----------W. Va.	James Clyde Pugh----------Ohio
Tony Peter Delventhal------Ohio	Benjamin F. Pushin--------Ohio
George Washington DeMuth--O.	Julian Robinson, Ph. D.----N. Y.
Edward Alfred Dickson---Maine	Walter Burns Sloan---------Ohio
Frederick Roys Ematrudo--Conn.	Charles Ray Smith--------W. Va.
Osias L. Friedman----------N. Y.	French Nestor Smith---- Ohio

Total ----------30

John Uri Lloyd, Degree of M. D. (In Honorarium).

Oklahoma.

Dr. W. D. Akers has removed from Ada to Hooker.

Dr. Roger L. Atchley has removed from Lebanon, Mo., to 306 Bliss Bldg., Tulsa.

Pennsylvania.

The house has passed the bill prohibiting the sale of preparations containing narcotics for the use of children under twelve years. The Dithrich bill, extending provisions of the workmen's compensation act to brothers and sisters and other dependents next of kin, was passed after a lengthy debate by a vote of 127 to 48. Among other bills pending that are of interest to physicians are the Finegan-Martin measure providing for a central board for the control of professional licenses; the Dunn bill, providing that no rules or regulations shall be applied by the state bureau of medical education and licensure other than those specifically mentioned in the act creating it; the Trainer bill, providing penalties for drug users; and the Steedle bill creating a commisson of mental health to replace the state committee on lunacy.

The State Society meets June 1 and 2, at Harrisburg. M. V. Hazen, of Harrisburg, is the secretary.

South Dakota.

A bill based on the Wisconsin marriage law has been introduced in the state legislature, requiring that every applicant for a marriage license must file with the application a certificate from a registered physician certifying to the applicant's unimpaired health and physical and mental fitness as determined by a personal examination and giving an outline of the applicant's family history.

The State Society meets in conjoint session with the Homeopathic Society at Sioux Falls, June 15. The secretary is W. R. Collins, M.D., Howard, S. Dak.

Texas.

M. M. Carrick has been appointed State Health Officer.

The thirty-seventh state legislature passed five bills relating to public health. 1. They consolidated the pure food and drug department with the state board of health, saving $15,000 a year. 2. Hotels, restaurants, bakeries, meat markets, etc., are prohibited from employing persons afflicted with contagious diseases. The bill also provides for the proper sterilization of dishes and utensils used in eating and drinking. 3. In another bill the same provisions as to the health of employes and sterilization of implements are applied barber shops. 4. A bill providing for the prophylactic treatment of the eyes of new-born children by physicians and midwives. 5. Requires maternity houses and hospitals to register with the State Board of Health.

Dr. M. E. Daniels, of Honey Grove, and J. M. Watkins, of Luhrig, are the recent appointments on the State Board of Medical Examiners. Other appointments are: T. J. Crowe, Dallas; H. C. Morrow, Austin; W. L. Crosthwait, Waco; S. L. Mayo, Belton; Jno. T. Moore, Houston; O. R.

Morgan, Ft. Worth; J. F. Bailey, Waco; R. R. Norwood, Mineral Springs; Geo. H. Standifer, Abilene.

Wisconsin.

L. R. Abbott has removed from Ontario to Norwalk.

MISCELLANEOUS.

The Abandonment of Therapeutics in Medical Schools Due to Neglect of Its Curative Subdivision: Pharmaco-Endocrinology.

In an interesting address delivered at the annual meeting of the American Therapeutic Society, Sajous deplores the practical abandonment of the teaching of materia medica and therapeutics in our medical schools. He quotes Dr. Spencer L. Dawes as follows: "Those who dominate today require of a graduate two very valuable requisites: they must be able to make a diagnosis and they must know pathology and be able to make an autopsy so as to confirm their diagnosis. But treat disease, cure the sick, relieve pain and suffering—nonsense! What true scientist cares for such rot?" Sajous deems it a moral obligation for every therapeutist to protest against any tendency on the part of any of our schools to divert students from their aspirations to serve suffering humanity, loyally and honestly as physicians worthy of the name. To say that there is nothing in this branch of medical science, as does the therapeutic nihilist, is naught else than testimony to his lack of knowledge upon the subject provided palliation of suffering and slowing the destructive trend of the disease are deemed the sole objects of medical treatment. In Sajous' opinion the salvation of therapeutics is dependent upon the degree of curative efficiency it can be made to attain. He directs the attention of the therapeutist to the good effects that may be produced not only by organotherapy but by drugs on such glands of internal secretion as the adrenals and the thyroid, and lays stress on the knowledge of the manner in which drugs influence the functional activities of the glands of internal secretion. Strychnine and nux vomica are preferred drugs in the asthenia following influenza because of their influence upon the adrenals, and he points out that caffeine, coffee and tea are also adrenal stimulants, but only when used in moderation.

Referring to the powerful influence of the thyroid on metabolism, he points out that the cretin and other hypothyroid subjects are highly sensitive to injections and that they succumb promptly unless the cause of their vulnerability is recognized and antagonized when they are exposed to an infection. Conversely, those who have treated cases of Graves' disease are familiar with the inhibitng influence of ergotin, arsenic and other agents on the overactive gland.

These examples, to which many could be added, must suffice to illustrate the resources that pharmacology offers when endocrinology is used as foundation to attain our object. The remedies used as examples being familiar ones, it would seem as if he had been treading a well-worn path. Yet, prog-

ress lies hidden behind their use as regulators of endocrine activity. As excitants of the ductless glands these well-tried agents can be made to promote the appearance, in the blood and cells, of antibodies as active in aborting disease in its incipiency as vaccines have proven efficient in preventing disease. As depressant of the same organs, other familiar drugs can be made to control exuberant activity sufficient to destroy body and mind, a morbid process typified by hyperthyroidism, and which prevails in several destroyers of mankind. What Sajous would submit in the present connection is that we have in the ductless glands intermediaries through which our drugs can, as do vaccines, so enhance the efficiency of that protective mechanism as to arrest disease, before it has had time to compromise life. Organotherapy has enabled us fully to realize the influence of the endocrines upon morbid processes, and pharmaco-endocrine therapy will be the second step which will reveal their true importance as weapons in our warfare against disease.—Sajous in *Medical Record,* New York, Sept. 18, 1920.

Progress in the Study of Measles.

The importance of ascertaining the etiologic agent in the causation of measles scarcely requires emphasis. Its widespread distribution and total mortality place it in the forefront of diseases demanding thoroughgoing investigation. The foremost reason why the prevention of measles is still so largely unsuccessful, even where strict quarantine is maintained, is the contagiousness of the disease during its prodromal period. Hence the best prospect of prevention seems at present to lie in the possibility of protective inoculation, as is true in smallpox. As recent writers have pointed out, this obviously requires isolation of the virus of measles or at least the development of a method of handling the virus in pure form, whether or not it is actually identified under the microscope and in the culture tube.

To rehearse the attempts that have been made to transmit measles experimentally to man and laboratory animals would require more space than the bounds of editorial discussion permit. The efforts to secure identifiable cultures of a specific effective microbiotic causative agent have usually failed. On the other hand, eruptive disease has undoubtedly been transmitted in some cases by inoculation of materies morbi in the form of blood or nasopharyngeal secretions. Sellards concluded that, although according to the literature most of the important symptoms of measles have been described in inoculated animals, it is striking that no single investigator has obtained all features in any one animal or even series of animals, and that no single symptom has appeared with constancy. The characteristic diagnostic features of human measles are sufficiently varied and well recognized to afford helpful assistance to the investigator. One need only recall the period of incubation, the febrile reaction, the Koplik spots, the skin rashes and the leukocyte behavior.

Especially interesting, therefore, are the latest attempts of Blake and Trask at the Hospital of the Rockefeller Institute for Medical Research.

They selected a natural path of infection—the intratracheal or respiratory route—and a presumably infective material—the nasopharyngeal secretions of patients in the early stages of measles—for their studies on monkeys. The group of symptoms induced have been constant and definite; and they have been successfully carried through six passages by intratracheal injection of saline emulsions of the skin and buccal membranes of monkeys killed from two to six days after the onset of the reaction. Intravenous injection of citrated whole blood from "passage" animals has likewise induced the characteristic group of symptoms. The cultures of the blood have consistently shown no growth,

Not only does the symptomatology of the reaction induced by inoculation with material containing the virus of measles closely parallel that of human measles, but the lesions are reported by Blake and Trask to be essentially identical in the two species. These findings, considered together with the reported successful transmission of the reaction from monkey to monkey and the elimination of ordinary bacteria as a possible source of error in the interpretation of the results, appear to support the expressed belief of Blake and Trask that the reaction is caused by the inciting organism of measles.—Editorial in *Journal A. M. M.*, April 23, 1921.

Vaccination Does Prevent.

In Cuba, under Spanish rule, smallpox was widespread. The United States took charge January 1, 1899, and used vaccination to get rid of the malady. In Havana alone, in the thirteen years prior to that date, there had been 5,355 deaths from smallpox; in the thirteen years following there were but seven.

What vaccination did in Cuba towards stamping out smallpox it has done in other parts of the world and will do in any community or country where vaccination and revaccination is enforced.

Germany is a country which knows that vaccination prevents smallpox. In 1874 vaccination, which had been compulsory in the German army since 1834, was made compulsory for the civil population as well, so that now every child in the country is vaccinated during its first year of life; again, all school children are required to be revaccinated in the year in which their twelfth birthday occurs, and the vaccination is repeated when one enters the German army.—*Bulletin Chicago School of Sanitary Instruction.*

A conference was held, March 25th, of physicians summoned by Brig.-Gen. Charles E. Sawyer, President Harding's personal physician, to discuss with the President proposed plans for reorganization. Those attending the meeting were: Surgeon-General Cumming, U. S. P. H. S.; Surgeon-General M. W. Ireland, of the Army; Surgeon-General E. R. Stitt, of the Navy; Dr. Charles H. Mayo, Rochester, Minn.; Dr. Edward Martin, Pennsylvania, commissioner of health, and Dr. William F. Snow, New York, American Social Hygiene Association. General Sawyer said the discussion was a preliminary one to action for uniting government health units. An advisory

council was formed consisting of the Surgeon-Generals of the Army, Navy and Public Health Service and Dr. Mayo. Two other members will be added to the council. One will be an educator and the other a woman engaged in public welfare work.

The Biochemistry of Narcosis.

As long ago as 1847 von Bibra and Harless established the fact by experimental studies that ether narcosis was produced by the action exerted by the ether upon the fatty constituents, cholesterin, etc., in the brain and nerve tissues. Their deductions were confirmed by many other observers, and in 1899 Prof. Hans Meyer and Dr. Fritz Baum of Marburg made a study of the physico-chemical action of the narcotics which embraced a large number of alcohols, ketones and indifferent bodies and arrived at a similar conclusion. There have been numerous contributions to these studies since that time confirming the views taken by von Bibra as regards ether narcosis and by Meyer regarding the production of narcosis by the alcohols and similar bodies.

The study of narcosis produced by other agents has been carried on by different observers until the fact seems pretty well established that whether narcosis is produced by ether, an alcohol, a ketone, an alkaloid, or an alkaloidal salt, the mechanics of the production of narcosis are basically the same, namely, that certain constituents of the nerve tissue which latterly have come to be termed "lipoidal substances" enter into absorption with the narcotic and in doing so lose their normal function, bringing about narcosis.

Dr. A. S. Horovitz, having correlated these studies on the production of narcosis, set forth the theory that narcotic addiction was not a mere habit as has heretofore been held, but was due to the abnormal condition of various tissues brought about by the abstraction of the lipoidal substances from the tissues by the narcotic agent. He thereupon proposed to treat narcotic addiction from this point of view and set about supplying to the tissues the lipoidal substances of which they have been deprived through the narcotic agent.

In view of the basic theory laid down by von Bibra and Harless in 1847 regarding ether narcosis, this theory of Dr. Horovitz commends itself as entirely reasonable, being in fact a mere extension of their theory and an effort to supply to the tissue the substances which have been extracted therefrom by the narcotic.

The soundness of this deduction was first demonstrated by Dr. Horovitz by animal experimentation, and later through clinical demonstration by the treatment of narcotic addicts who were under close observation in jails and similar places where the observations could not be vitiated by willful departures on the part of the patient from the regimen laid down by the physician. The results obtained clinically through the use of these lipoidal substances, as reported by Dr. Frank Burns, Federal Physician, Southern District of Ohio, in an article printed in the *New York Medical Journal* for January 29,

1921, give the strongest kind of confirmation to the theories of Dr. Horovitz as to the possibility of replacing lipoidal substances in the case of narcotic addicts. So far as reported it seems possible to substitute the lipoidal substances at once for the narcotic without producing any serious symptoms in the addict. It is to be hoped that the reports so far published will be confirmed by the later experiences.—*Therapeutic Digest.*

Department of Public Welfare.

The creation of a Department of Public Welfare will be one of the constructive acts of the Harding Administration. In his message to Congress President Harding emphasizes the importance of this new department and suggests that Congress pass favorable legislation on the subject. In asking for the legislation the President in his message said:

"In the realms of education, public health, sanitation, conditions of workers in industry, child welfare, proper amusement and recreation, the elimination of social vice, and many other subjects, the Government has already undertaken a considerable range of activities. I assume the maternity bill, already strongly approved, will be enacted promptly, thus adding to our manifestation of human interest. But these undertakings have been scattered through many departments and bureaus without coordination and with much overlapping of function which fritters energies and magnifies the cost. Many subjects of the greatest importance are handled by bureaus within Government departments which logically have no apparent relation to them. Other subjects which might well have the earnest consideration of Federal authority have been neglected or inadequately provided for. To bring these various activities together in a single department, where the whole field could be surveyed, and where their interrelationships could be properly appraised, would make for increased effectiveness, economy and intelligence of direction. In creating such a department it should be made plain that there is no purpose to invade fields which the states have occupied."

The Role of the Vitamines in Therapeutics.

Much has been written within the last decade regarding the role of the vitamines as accessory food factors. It has been clearly shown that these substances, though present in food in minute quantities, are essential to the proper development of the organism. They evidently play in the animal organism some such role as is played by enzymes in the development of plant growth. We are now coming to a new phase of the utilization of vitamines, namely, their use for therapeutic purposes.

Since the lack of vitamines has been proved to be an essential causative factor in such deficiency diseases as pellagra, beri beri, etc., it is quite natural that we should endeavor to make a therapeutic use of these agents in these and similar diseases.

The results which have so far been achieved in the use of the vitamines

therapeutically are most encouraging. Probably the most widely known of these therapeutic applications is the use of yeast for furunculosis, acne and similar conditions. It is known that yeast contains a large proportion of active vitamines and the therapeutic results achieved by its use are no doubt attributable to its vitamine content. More condensed preparations made from yeast are now being offered to the profession as a means of administering vitamines and with reports which are quite favorable as to the results achieved. But the field is not at all restricted to this particular source and several vitamine preparations are now being offered containing mixed vitamines, and the clinical reports indicate that much is to be hoped for in the use of these accessory food factors for therapeutic purposes. We are told that one of the first of these products to be placed on the market, vitazym pills, has been very kindly received and that the results have been all and more than the introducers anticipated.—*Therapeutic Digest.*

In Re Subsidation.

In reference to the Sheppard-Towner maternity bill and general measures pending in Congress, to provide federal state aid in the furtherance of welfare measures, John J. Blaine, newly elected governor of Wisconsin, says:

"The federal government is undermining the powers of the state by 'species of bribery.' The species of bribery to which I refer consists of legislation by the federal government in making an appropriation for some purpose under conditions that the state meet the appropriation with a like amount. Some of the purposes are, no doubt, desirable, but to my mind in many cases the state might better afford to embark upon a similar undertaking independently, and by foregoing the appropriation made by the federal government actually carry out the same project more economically."—*Ohio State Medical Journal.*

Public vs. Physicians.

Physicians are merely human beings with special training. Like other human beings they are often guilty of selfishness and neglect, and shamefully often of ignorance, which in this age is perhaps the most remediable defect. Too often the physician forgets to study the patient as well as the disease, falling into ruts out of which he is only jostled by the activities of mental healers and dietary faddists. It is an interesting commentary upon democratic processes that many public questions are settled not according to the the well thought out opinion of the public at large, but according to the views or desires of those who shout most audibly. To accomplish legislative objects physicians as a group must be prepared to do a fair proportion of the shouting. In short, to improve the understanding between the layman and the physician, medical men should work for the improvement in the first place of medical and secondly of lay education in matters pertaining to the

human body; they should attempt a more genuinely altruistic outlook in all their work upon patients, although of course protecting their own perfectly ethical interests; and they should be willing at all times to play a proper part as citizens for the promotion of the common good.—Editorial, *Colorado Medicine,* February, 1921.

The Treatment of Syphilis.

Dr. J. W. Ritchey, of Kansas City, writes in the *Therapeutic Digest* for May as follows:

Proteogen No. 10 will cure syphilis without any failures, and as far as is known at this time it is the only remedy that will cure. Now I know that is to be considered an almost unreasonable statement, but this is why I make it: I have taken three patients treated two years and a little more by the old routine treatment that thousands have taken. All three were seemingly cured, and all gave a negative Wassermann. No other test was made till after six treatments with proteogen, then they gave a positive Wassermann, showing unmistakably that they too had spirochetæ, and millions of them. stored away in the central nervous system waiting a time when all other conditions were just right, and then old age or some other complication can be blamed and the folly of youth is not charged as even a factor.

We must not forget that more than 90 per cent. of syphilitic patients never had a follow-up mercurial or any other supplemental treatment. Of course, when kept up, Wassermann is negative. Discontinue and it is only a matter of more or less time when a positive condition will appear.—*Therapeutic Digest.*

Phthisis in Malay States.

The cases of phthisis in the federated Malay states have been increasing in number very considerably. In Singapore, for instance, the crude death rate was 4,840 per million in 1916. More cases occur among males (6.04) than among females (3.81). Bovine tuberculosis does not exist there; among more than 250,000 pigs killed in the Ipoh abattoirs during the past four years no case of tuberculosis was found. The disease is, therefore, all of the human type. Von Behring's theory of infection is discredited in Malay, since Chinese children and adults seldom take milk, and the cattle are at present free from the disease.

The Treatment of Nervous Affection

Successful treatment of nervous derangements will generally depend upon proper control of the causative factors in each individual case. An excellent remedy of general utility in most nervous affections, either alone or in combination with other nerve tonics or sedatives, is normal avena sativa.—*Therapeutic Digest.*

OBITUARY.

Bills, Jos. T.—American Eclectic Medical College, St. Louis, 1884. Died at Raton, N. Mex., March 9, aged sixty-five.

Byron, Edward H.—California College, 1900. Died at Riverdale, Calif., Feb. 23, 1921.

Chandler, Chas. M.—Eclectic Medical College, Cincinnati, 1893. Member of the National Association. Died at his home in Salt Lake City, Utah, Feb. 22, aged sixty-three.

Chase, George W., of Portland, Me.—Eclectic Medical College of the City of New York, 1871. Died at Raymond, Me., April 9.

Callaway, James Edwin—Eclectic Medical College, Cincinnati, 1866. Member of the Missouri and National Eclectic Medical Associations. Died at his home in Chillicothe, Mo., March 28, aged eighty-six.

Cutright, Dennis M.—American Medical College, Cincinnati, 1896. Died at Adrian, W. Va., March 29, aged fifty-four.

Dewees, Nathan M., of Cambridge, Ohio—Eclectic Medical College, Cincinnati, 1892. Member of the Ohio State and National Associations. Died at Palacios, Texas, Feb. 3, aged sixty-nine.

Dickerson, James W.—American Eclectic Medical College, Cincinnati, 1893. Died at Wingate, Ind., April 4, aged sixty-seven.

Ewing, James H.—Eclectic Medical College of Pennsylvania, 1876. Died at Baltimore, Md., aged eighty-eight.

Ferguson, William—Eclectic Medical College, Cincinnati, 1883. Died at his home in Santa Ana, Calif., Feb. 5, aged seventy-nine.

Forrest, John H.—Bennett College of Medicine, Chicago, 1880. Died at his home at Marion, Ind., aged fifty-six.

Heinze, Eugene P.—Member of the Illinois and National Associations. Died at his home in Chicago, Dec. 18, 1920.

Hill, Geo. R.—Bennett College of Medicine and Surgery, Chicago, 1886. Died at Kendall, Wis,., March 18, aged sixty-nine.

Hughes, John H.—California Eclectic College, 1887. Died at San Jose, Calif., March 15, aged sixty-one.

Leix, Fredrick—California Eclectic Medical College, 1906. Died at Los Angeles, Calif., Jan. 14, aged fifty-six.

McKendree, M. A., of Bowling Green, Ohio—Eclectic Medical College, Cincinnati, 1884. Died at the Toledo Hospital, Feb. 23.

Post, Geo. H.—Eclectic Medical College, Cincinnati, 1875. Died at Fithian, Ill., March 10, 1921, aged seventy-four.

Roe, John B., of Oregon, Ill.—Bennett College of Eclectic Medicine and Surgery, Chicago, 1895. Died at Chicago, March 26, aged forty-nine.

Stout, John C,.—American Eclectic Medical College, St. Louis, 1878. Died at Oakland, Calif., Jan. 7, 1921, aged seventy-four.

Smith, James W.—Georgia Medical College, Atlanta, 1879. Died at Monroe, Ga., Feb. 2.

Squier, George E.—Eclectic Medical College, Cincinnati, 1882. Died at Brookville, Ind,., Feb. 28, aged seventy-six.

PROGRAM OF THE FIFTY-FIRST ANNUAL SESSION OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

To be Held at The Antlers, Colorado Springs, Colorado, June 21-22-23-24, 1921.

Officers.

President—H. W. Felter, M.D., Cincinnati, O.
First Vice-President—Dan. H. Griffith, M.D., Atlanta, Ga.
Second Vice-President—W. T. Collins, M.D., Howard, S. D.
Third Vice-President—J. W. Pruett, M.D., St. Louis, Mo.
Recording Secretary—H. H. Helbing, M.D., St. Louis, Mo.
Corresponding Secretary—Wm. N. Mundy, M.D., Forest, O.
Treasurer—J. Paul Harvill, M.D., Nashville, Tenn.

PROGRAM.

Tuesday, June 21, 1921.—10:00 a.m.

Call to order by the President.
Invocation.....Rev. Edward Hislop, Colorado Springs, Colo.
Roll-call of Officers.
Approval of Minutes of 1920 Session.
Address of Welcome.....——— Harris, Mayor of Colorado Springs
Response to Address of Welcome.....R. L. Thomas, M.D., Cincinnati, O.
Secretary's Roll-call of Members to the House of Delegates, announcing a quorum.
Report of the Recording Secretary....H. H. Helbing, M.D., St. Louis, Mo.
Report of the Corresponding Secretary and Editor of the Quarterly, W. N. Mundy, M.D., Forest, O.
Report of the Treasurer.....J. Paul Harvill, M.D., Nashville, Tenn.
Report of the Council of Medical Education.
Report of the Committee on Propaganda.
Appointment of Committee on Credentials.
Communications to be referred to the House of Delegates.

2 p.m.—Section on Practice of Medicine.

Chairman.....Dr. W. S. Glenn, State College, Pa.
Secretary.....Dr. J. W. Pruett, St. Louis, Mo.

1. Nephritis, with Dropsy.....Dr. W. S. Glenn, State College, Pa.
2. Acute Neuritis.....Dr. O. S. Coffin, Indianapolis, Ind.
3. Treatment of Diabetes.....Dr. Charles Woodward, Chicago, Ill.
4. Acute Pneumonia.....Dr. W. N. Mundy, Forest, O.
5. The Circulation in Tuberculosis.....Dr. N. A. Graves, Chicago, Ill.
6. The Crisis of Pneumonia.....Dr. R. E. Holmes, Harrisburg, Pa.
7. Erysipelas.....Dr. W. P. Best, Indianapolis, Ind.
8. Gastric Atony.....Dr. M. F. Bettencourt, Mart, Texas

9. Routine Office Examinations.....Dr. H. A. Shafor, Detroit, Mich.
10. Treatment of Acute Articular Rheumatism,
Dr. J. H. Hauck, Terre Haute, Ind.
11. Little Things in the Practice of Medicine That Go to Make Success .....Dr. W. E. Daniels, Long Beach, Calif.
12. Pneumonia.....Dr. R. L. Thomas, Cincinnati, O.
13. La Grippe.....Dr. R. B. Crawford, Sioux City, Iowa
14. The Practice of Medicine....Dr. J. A. Ashabranner, New Albany, Ind.
15. A Case in Practice.....Dr. E. Florence Stir-Smith, Newark, O.
16. Reflexes and Metastases..Dr. Benjamin E. Dawson, Kansas City, Mo.
17. Are Eclectics "Regular?".....Dr. W. N. Holmes, Nashville, Tenn.
18. Some Personal Experiences..Dr. H. H. Blankmeyer, Aransas Pass,Tex.
19. Treatment of Neuralgia.....Dr. J. P. Harvill, Nashville, Tenn.
20. The Money Side.....Dr. Grace Kirkland, Atlanta, Ga.
21. Chemical Attraction.....Dr. Charles Woodward, Chicago, Ill.
22. Medical Rhapsody.....Dr. H. H. Blankmeyer, Aransas Pass, Texas
23. Senile Necrosis and Its Therapeutics,
Dr. M. A. Carriker, Nebraska City, Neb.
24. Influenza and Its Treatment.....Dr. Andrew J. Mann, Alvaton, Ga.
25. Tertiary Syphilis of the Lumbar Vertebræ (Report of Case),
Dr. J. W. Kannel, Fort Wayne, Ind.
26. The Future Status of the Three Schools of Medicine,
Dr. Stanley Tommasello, Brooklyn, N. Y.
27. Trypanosomiasis and Lethargic Encephalitis,
Dr. Clinton B. Ellis, Kansas City, Mo.
28. Goitre: Its Early Diagnosis and Treatment,
Dr. S. Warren Bush, Parkersburg. W. Va.
29. Thirty Years in Practice of Specific Diagnosis and Medication in Eclecticism.....Dr. Morse Harrod, Fort Wayne, Ind.

7:30 P. M.

Reception.
Address: "Humor and Pathos in the Practice of Medicine,"
Dr. E. H. Stevenson, Fort Smith, Ark.
Address: "The Doctor".....Dr. Homer Michener, Wichita, Kan.

WEDNESDAY, JUNE 22, 1921—8:30 A. M.

Business Session.

9:30 A. M.—SECTION ON SPECIALTIES.

Chairman.....Dr. Theodore Davis Adlerman, Brooklyn, N. Y.
Secretary.....Dr. W. E. Daniels, Long Beach, Cal.

1. Etiology and Treatment of Infantile Convulsions,
Dr. W. N. Mundy, Forest, O.
2. Squinting: A Common Condition Generally Overlooked,
Dr. D. Alperin, Brooklyn, N. Y.

3. Pharyngitis Lateralis.....Dr. J. P. Harbert, Bellefontaine, O.
4. Manic Depressive Insanity.....Dr. H. S. Lowrance, Kankakee, Ill.
5. Glaucoma.....Dr. Thomas Slayden, Williamson, W. Va.
6. Mechano-Therapy..... .....Dr. W. E. Kinnett, Peoria, Ill.
7. Chronic Suppurative Otitis Media.....Dr. J. H. Powell, Atlanta, Ga.
8. The Use and Abuse of the Galvanic and Faradic Currents,
   Dr. J. R. Spencer, Cincinnati, O.
9. X-Ray Treatment of Cancers.....Dr. F. E. Elliott, Brooklyn, N. Y.
10. Suggestion As Applied to Daily Practice,
    Dr. S. L. Katzoff, Bridgeport, Conn.
11. Laryngitis.....Dr. C. S. Amidon, Cincinnati, O.
12. Psoriasis.....Dr. P. Marlowe, New York City
13. Treatment of Different Neuralgias.....Dr. G. C. Porter, Linton, Ind.
14. Membranous Rhinitis.....Dr. W. N. Mundy, Forest, O.
15. Mastoid Disease.....Dr. E. G. Sharp, Guthrie, Okla.
16. Etiology, Symptoms and Treatment of Facial Paralysis,
    Dr. J. H. Hauck, Terre Haute, Ind.
17. Chronic Non-Suppurative Otitis Media,
    Dr. L. B. Gardner, Geneva, N. Y.
18. Treatment of Acute Middle Ear Inflammation,
    Dr. D. H. Griffith, Atlanta, Ga.
19. The Surgical Treatment of Trachoma,
    Dr. R. C. Heflebower, Cincinnati, O.
20. Chorea.....Dr. H. W. Felter, Cincinnati, O.
21. Psychology As Applied to Every-Day Practice,
    Dr. J. C. Mitchell, Louisville, Ky.
22. Gonorrheal Epididymitis.....Dr. J. Katz, Cincinnati, O.
23. Gleet.....Dr. J. Birkenhauer, New York City
24. The First Symptoms in Insanity.....Dr. W. E. Postle, Columbus, O.
25. The Effects of General Toxemia on the Nervous System,
    Dr. Wm. P. Best, Indianapolis, Ind.
26. The Relief of the Morphine Habit...Dr. Lee H. Smith, Buffalo, N. Y.
27. The Importance of Fillings and Other Care of Children's Primary Teeth.....Dr. E. P. Whitford, Bridgewater, N. Y.
28. Hysterical Insanity.....Dr. T. D. Adlerman, Brooklyn, N. Y.
29. Epileptic Insanity.....Dr. T. D. Adlerman, Brooklyn, N. Y.
30. Consanguineous Marriages and Insanity,
    Dr. T. D. Adlerman, Brooklyn, N. Y.
31. Hysteria in Women.....Dr. A. C. Prichard, Hot Springs, Ark.
32. The Violet Ray in the Treatment of Disease,
    Dr. J. W. Gage, Indianapolis, Ind.
33. Cocaine Habit and Its Cure.....Dr. F. E. Locke, Newport, Ky.
34. Melancholia.....Dr. A. S. Tuchler, San Francisco, Cal.
35. Strabismus.....Dr. W. W. Maple, Des Moines, Ia
36. X-Ray in General Diagnosis.....Dr. W, S. Glenn, State College, Pa.
37. Infantile Paralysis.....Dr. Grover Glenn, State College, Pa.

38. Control of Disease in Schools.....Dr. C. N. Brown, Fairmount, Ind.
39. Public Health and Its Needs....Dr. H. H. Converse, Eastford, Conn,
40. The Health Officer in Rural Districts,
Dr. E. L. Fish, West Valley, N. Y.
41. Safeguarding a Community Against Infection,
Dr. O. C. Baird, Chanute, Kan.
42. The Problem of Typhoid Carrier..... Dr. C. S. Mundy, Toledo, O.
43. Influence of the Generative Organs on the Mind,
Dr. O. C. Welbourn, Los Angeles, Cal.
44. Importance of Removing Infected Tonsils,
Dr. H. A. Shafor, Detroit, Mich.
45. Electricity: Galvanic Current..Dr. J. E. G. Waddington, Detroit, Mich.
46. Geriatrics.....Dr. Charles F. Thomson, Sioux City, Ia.
47. Conservative Surgery of the Tonsil...Dr. P. E. Decatur, Hamilton, O.
48,. Eye Wrongs in School Children.....Dr. J. M. Billman, Sullivan, Ind.
49. Eclectic Remedies in Children...Dr. Morse Harrod, Fort Wayne, Ind.
50. Chorea and Complications.....Dr. J. E. Holman, Indianapolis, Ind.
51. Duties of an Industrial Commissioner.....Dr. J. B. Barker, Piqua, O.
52. The Sanitation of Rural Districts...Dr. W. H. Carey, Bellefontaine, O.
53. The Prevention of Infection in Cities,
Dr. A. S. Stemler, Good Hope, O.
54. The Control of Infection in Rural Districts,
Dr. J. J. Martin, Bucyrus, O.

12:30 to 6:30 P. M. no sessions. Afternoon to be devoted to sight-seeing and other pleasures.

7:30 P. M.

Address: "What Dr. John King Would Think of Modern Paternalistic Legislation".....J. H. Beal, Ph.G., Urbana, Ill.
Chairman of Committee of Revision of U. S. Pharmacopeia.
President's Address: "Backgrounds of the American Materia Medica (Illustrated).....Dr. H. W. Felter, Cincinnati, O.

THURSDAY, JUNE 23, 1921—8:30 P. M.

Business Session.

9:30 A. M.—SECTION ON SURGERY.

Chairman.....Dr. O. C. Welbourn, Los Angeles, Cal.
Secretary.....Dr. W. L. Hulse, Detroit, Mich.

1. Acute Septic Thrombosis.....Dr. Byron Nellans, Cincinnati, O.
2. The General Practitioner's Relation to Surgery,
Dr. R. R. Barrett, Mansfield, O.
3. Colles' Fracture.....Dr. W. L. Hulse, Detroit, Mich.
4. Simple and Compound Fractures of the Distal Phalanx,
Dr. J. Earl Holman, Indianapolis, Ind.
5. Brain Tumors.....Dr. E. B. Shewman, Cincinnati, O.

6. ———— .....Dr. J. Stewart Hagen, Cincinnati, O.
7. Pyonephritis.....Dr. H. A. Shafor, Detroit, Mich.
8. Some Things to be Remembered in the Management of Appendicitis.....Dr. A. W. Davidson, Poplar Bluff, Mo.
9. Peptic Ulcer.....Dr. L. E. Pangburn, Detroit, Mich.
10. Some Surgical Suggestions.....Dr. B. E. Dawson, Kansas City, Mo.
11. Everyday Surgery.....Dr. Jason Tyson, Santa Anna, Texas
12. Complete Hysterectomy.....Dr. K. P. Baker, Los Angeles, Calif.
13. Three Interesting Fracture Cases..Dr. W. H. Moreland, Tyronza, Ark.
14. Carbuncle.....Dr. A. S. Tuchler, San Francisco, Calif.
15. Surgical Kidney.....Dr. F. L. Wilmeth, Lincoln, Neb.
16. Surgery With the General Practitioner—Dr. T. L. Noblitt, Erick, Okla.
17. The Gall Bladder.....Dr. H. H. Helbing, St. Louis, Mo.
18. Empyema.....Dr. L. C. Conley, Detroit, Mich.
19. Some Observations on the Value of Blood Examinations, Dr. J. W. Kannel, Fort Wayne, Ind.
20. Little Things in Surgery and Their Cure, Dr. W. E. Daniels, Long Beach, Calif.
21. The New Process Circumcision.....Dr. A. B. Couch, Marlin, Texas
22. Central Nutrition Through Orificial Therapeutics, Dr. M. A. Carriker, Nebraska City, Neb.
23. A Peculiar Case.....Dr. E. M. Hooper, Halstead, Kas.
24. The Relation of Orificial Surgery to Social Hygiene, Dr. J. S. Rhinehart, Springfield, Mo.
25. Uterine Myoma Complicated With Bilateral Pus Tubes, Dr. P. H. J. Carothers, Mason City, Neb.
26. Echinacea in Septic Peritonitis..Dr. O. C. Welbourn, Los Angeles, Cal.
27. Differential Points in the Diagnosis of the Acute Abdomen, Dr. C. M. Hazen, Titusville, Pa.

2 P. M.—Section on Obstetrics and Diseases of Women.

Chairman.....Dr. M. E. Welker, Cincinnati, Ohio
Secretary.....Dr. W. H. Moreland, Tyronza, Ark.

1. The Malnourished Child—the Medical Problem, Dr. Chas. W. Beaman, Cincinnati, Ohio
2. The Unexpected in Obstetrics..Dr. Carroll Behymer, Cincinnati, Ohio
3. Constructive Versus Destructive Obstetrics and Gynecology, Dr. J. D. Estell Cincinnati, Ohio
4. Prolapsed Umbilical Cord.....Dr. J. R. Spencer, Cincinnati, Ohio
5. Dysmenorrhea.....Dr. R. C. Burrow, Cunningham, Ky.
6. Ectopic Gestation.....Dr. J. Stewart Hagen, Cincinnati, Ohio
7. Sterility.....Dr. J. E. Holman, Indianapolis, Ind.
8. The Care of Kidneys During Pregnancy, Dr. B. H. Nellans, Cincinnati, Ohio
9. Useful Drugs in Labor.....Dr. Geo. M. Hite, Nashville, Tenn.

10. Etiology and Treatment of Infantile Convulsions,
Dr. W. N. Mundy, Forest, Ohio
11. Uterine Subinvolution.....Dr. S. W. Moreland, Jonesboro, Ark.
12. Some Obstetrical Experiences....Dr. Wm. P. Best, Indianapolis, Ind.
13. Obstetrical Medication.....Dr. Wm. H. Moreland, Tyronza, Ark.
14. Right Occipito Posterior.....Dr. E. J. Alban, Cincinnati, Ohio
15. Tubal Pregnancy.....Dr. J. W. Kannel, Fort Wayne, Ind.
16. Antepartum Examination.....Dr. M. E. Welker, Cincinnati, Ohio

7:30 P. M.—Section on Materia Medica and Therapeutics.

Chairman.....Dr. F. G. Crowell, Laurence, Mich.
Secretary.....Dr. J. D. Smith, Dayton, Ohio

1. Blessed Is He Who Expects Nothing,
Dr. C. L. Olsen, Salt Lake City, Utah
2. (Subject to be announced).....Dr. D. E. Saxton, Tampa, Fla.
3. Pilocarpus (Jaborandi).....Dr. J. D. Smith, Dayton, Ohio
4. Nephritin in Kidney Diseases....Dr. C. J. Hemminger, Rockwood, Pa.
5. Iodine.....Dr. W. P. Best, Indianapolis, Ind.
6. Echinacea.....Dr. N. A. Graves, Chicago, Ill.
7. (Subject to be announced).....Dr. H. A. Shafor, Detroit, Mich.
8. Macrotys.....Dr. W. N. Mundy, Forest, Ohio
9. Drugs I Use in Obstetric Practice..Dr. C. E. Sackett, Charlotte, Mich.
10. Therapeutics of Chronic Bronchitis,
Dr. Frank Webb, Bridgeport, Conn.
11. Therapeutic Nihilism.....Dr. E. G. Sharp, Guthrie, Okla.
12. (Subject to be announced).....Dr. Ivadell Rogers, Pryor, Okla.
13. New Aspects of Drug Therapy.....Dr. C. G. Merrell, Cincinnati, O.
14. Observations on the Use of Calcium Sulphide, Calcium Sulphate and Asepsin.....Dr. J. W. Kannel, Fort Wayne, Ind.
15. Satisfaction in Eclectic Prescribing..Dr. S. M. Sherman, Columbus, O.
16. Some of the Older Remedies.....Dr. O. S. Coffin, Indianapolis, Ind.
17. Colloidal Medicine.....John Uri Lloyd, Ph.M., Cincinnati, Ohio
18. Empirical Observations..John Thomas Lloyd, Ph.D., Cincinnati, Ohio
19. Some Glandular Remedies in the Treatment of Tuberculosis,
Dr. E. C. Aurin, Ft. Ogden, Fla.
20. Why Indicated Remedies Fail to Produce Physiologic Effects,
Dr. Charles Woodward, Chicago, Ill.
21. Gelsemium.....Dr. T. D. Hollingsworth, Akron, Ohio
22. Biochemistry.....Dr. Z. L. Baldwin, Kalamazoo, Mich.
23. Mangifera Indica.....Dr. C. W. Holtzmuller, Farmersville, Ohio
24. Natural Therapeutic Success..Dr. M. A. Carriker, Nebraska City, Neb.
25. Gelsemium.....Dr. Eugene Waterhouse, St. Louis, Mo.
26. Apocynum.....Dr. R. L. Thomas, Cincinnati, Ohio
27. Therapeutics of Dysmenorrhea.....Dr. H. H. Helbing, St. Louis, Mo.
28. Biochemicals of Eclectic Origin..Dr. A. S. Horovitz, Cincinnati, Ohio

29. Digitalis.....Dr. H. W. Felter, Cincinnati, Ohio
30. ———————.....Dr. F. B. Crowell, Laurence, Mich.

FRIDAY, 8:30 A. M

Business session.
9:30 A. M.—Unfinished Section work.
11:00 A. M.—Final meeting of House of Delegates. Annual election and selection of place of meeting, etc.
Installation of officers.
Adjournment.

CINCINNATI-ST. LOUIS-KANSAS CITY ROUTE TO COLORADO SPRINGS.

At the request of a number of members of the *National* who prefer to go via St. Louis rather than the Chicago route mentioned elsewhere, we have arranged for special Pullman service from Cincinnati, leaving Grand Central Station Saturday, June 18th, at 9:15 p. m., arriving in Colorado Springs Monday, June 20th, at 6:30 p. m., which gives a night's rest before the meeting convenes Tuesday morning. Before purchasing your Tourist Ticket, determine your diverse route returning. Round trip rate from Cincinnati will probably be $71.53. Lower berth one way, $13.77. Rates from other points as announced. Members can join this party anywhere en route. Make reservations through T. J. West, D. P. A., B. & O. R. R., Cincinnati.

SCHEDULE:

Leave Cleveland (Big Four), 11:05 a. m., June 18. Arrive Cincinnati 6:20 p. m., June 18.

Leave Pittsburgh (Baltimore & Ohio), 8:15 a. m.; June 18: leave Wheeling 10:40 a. m.; leave Columbus 2:30 p. m. Arrive Cincinnati, 5:50 p. m., June 18.

Leave Dayton (Baltimore & Ohio), 6:30 p. m., June 18. Arrive Cincinnati 8:10 p. m., June 18.

Leave Parkersburg (Baltimore & Ohio), 11:25 a. m., June 18. Arrive Cincinnati 5:15 p. m., June 18.

Leave Charleston (C. & O.), 11:30 a. m., June 18; leave Huntington 12:30 p. m.; leave Ashland 1:30 p. m. Arrive Cincinnati 5:40 p. m., June 18.

Leave Ironton (N. & W.), 2:10 p. m., June 18; leave Portsmouth 3:00 p. m. Arrive Cincinnati 6:30 p. m., June 18.

Leave Cincinnati (Baltimore & Ohio), 9:15 p.m., June 18. Arrive North Vernon 11:35 p. m., June 18.

Leave Louisville (Baltimore & Ohio), 9:30 p. m., June 18. Arrive North Vernon 11:15 p. m., June 18.

Leave North Vernon (Baltimore & Ohio), 11:43 p. m., June 18. Arrive St. Louis 7:45 a. m., June 19.

Leave Indianapolis (Big Four), 12:45 a. m., June 19. Arrive St. Louis 7:45 p. m., June 19.

Leave Indianapolis (Pennsylvania), 1:50 a. m., June 19. Arrive St. Louis 8:30 a. m., June 19.

Leave St. Louis (Wabash R. R.), 9:03 a. m., June 19. Arrive Kansas City 5:30 p. m., June 19.

Leave Kansas City (Union Pacific R. R.), 6:15 p. m., June 19. Arrive Denver 12:50 noon, June 20.

Leave Denver (D. & R. G. R. R.), 3:55 p. m., June 20. Arrive Colorado Springs 6:32 p. m., June 20.

NEW APPLICATIONS FOR MEMBERSHIP.

FEBRUARY 26 TO MAY 20, 1921.

California—Taylor, Joe J., Porterville.

Indiana—Branham, J., Freedom; Gordon, B. L., Frankfort; Dodds, T. C., Hartford City.

Ohio—Hattendorf, O. M., Cincinnati; Thomas, E. L., Cleveland; Schmaltz, W. F., Cincinnati; Meats, Geo. E., Antwerp; Huling, May C., Milford; Burnett, E. J., Fostoria.

Pennsylvania—Ellis, Jos. C., Philadelphia.

New York—Berezein, M. I., New York City; Broadman, N., New York City; Elster, H. B., New York City; Fishman, F., New York City; Gillman, A., New York City; Jacobsohn, L. L., New York City; LeSoine, L. F., New York City; Maltaner, Maude G., New York City; Mangieri, J. A., Hollis, L. I.; Nettle, A., New York City; Wiener, Robert, New York City; Hayes, P. H., Buffalo.

West Virginia—Blagg, Benj. V., South Charleston; Lockwood, E., Fort Gay.

Wisconsin—Abbott, L. R., Norwalk.

Arkansas—Green, B. H., Warren.

Colorado—Berger, C. G.

COLLEGE ENDOWMENT FUND.

At various times we have made announcements to the alumni of the College, at the annual meetings and through the *College Bulletin* and the JOURNAL, concerning our financial condition.

For the last thirteen years the College has been conducted under the new modified State charter, and is managed by the fifteen trustees solely in the interests of our 4264 graduates, of whom about 1,600 are now living and in active practice.

The Eclectic Medical College has no stockholders or capital stock, and all the income is devoted solely to conducting the College, up to the highest standards possible, with our annual income.

The new College building, ground and equipment, has cost to date $76,600.

The College needs several thousand dollars annual income, in addition

to tuition fees, in order to maintain its present high standard, and we must depend on our loyal alumni for this support.

Our additional income is now produced from the interest of our permanent endowment fund, and from our annual alumni pledges.

This fund continues to grow, though no active work in the way of canvassing has been done recently. Before another year closes the total should be brought up to $50,000. The demands of the state boards and the various councils of medical education require the employment of six salaried instructors, who shall devote all of their time to teaching in the college; it is desirable to meet this demand, not only because we are requested to do so, but still more because *it will greatly improve the work which the college can do.*

The Trustees have been very fortunate in securing the services of able teachers for these positions. Plans have been made to devote some of this service to our distinctive field—to use our clinical material in demonstrating, in the language of modern science, the value of the Eclectic remedy.

The College Secretary's report shows that the great majority of the pledges have been met as they fall due. We urge the few who have neglected to remit to send in their checks, as the officers can make no contracts beyond the actual receipts from the alumni treasury.

Everyone who has subscribed is interested in the completion of the fund, and should constitute himself a special committee to aid in the work. The plan gives everyone an opportunity to assist in a way that cannot be a burden to anyone.

In years gone by the College has been unduly criticised by certain of the alumni, and by other physicians, for what have been considered its shortcomings. Now is the time for our critics to help do some of the things which you have often said should be done. So far, the list of subscribers contains mainly the names of the life-long supporters of the old E. M. C.; few of the critics have come forward. The man who criticizes should be willing to build up. See what can be done with your assistance. Read the list of annual alumni pledges in the quarterly *College Bulletins,* and see if you would not like to have your name in the list. An annual pledge of ten dollars is equivalent to $200 at 5 per cent.

Alumnal Association
Bailey, J. K., Jr.
Barker, E. C.
Barker, J. B.
Basinger, A. P.
Beaman, Chas. W.
Bechtel, E. E.
Behymer, H. W.
Berezein, M. J.
Berger, A. G.
Best, Wm. P.
Bixel, P. D.
Blakemore, L. H.
Blankmeyer, H. H.
Bloom, J. H.
Bogart, W. S.
Boskowitz, G. W.
Bowles, M. E.
Bowles, Thomas
Broadman, N.
Brooks, LeRoy
Brown, J. S.
Burcham, Rose L.
Busse, Carl R.
Campbell, W. R.
Choate, W. G.
Coffey, Bert
Conover, J. V.
Couch, W. J.
Cosford, J. W.
Crandel, Thomas
Crawford, L. F.
Dangeleisen, W. W.
Daniel, M. E.
Daniels, W. V.
Dech, Elmer J.
DeOgny, P. A.
Dewees, N. M.
Dewey, A. A.
Dodd, D. B.
Dodge, J. D.
Duke, H. G. and W. B.

Duvall, J. R.
Eastman, Louise
Edwards, D. H.
Elliott, Fred E.
Eslick, L. E.
Falk, J. B.
Felter, H. W.
Fischer, Fredk. A.
Fishman, M.
Flannery, C. F.
Flora, J. A.
Gantvoort, A. J.
Gemmill, W. T.
Gillman, A.
Glenn, W. S. and N. M.
Hagen, J. S.
Halpern, Sophia Levinson.
Harding, C. L.
Harrison, F. O.
Hartley, C. A.
Hauss, Robt. Q.
Heflebower, R. C.
Hemminger, C. J.
Henry, A. C.
Hermann, Geo. F., Jr.
Hines, J. F.
Hollingsworth, T. D.
Holtzmuller, C. W.
Huling, May C.
Indiana Society
Isenberg, C. D.
Jensen, Thomas
Johnson, Ethel M.
Johnstonbaugh, C. L.
Katz, J.
Kemper, P. A.
Kentucky E. M. Society
Kesler, E. G.
Klement, W. W.
Lehr, W. F.
Lipschitz, L.
Lloyd, John Uri
Lloyd, N. Ashley
Long, E. H.
Lupher, J. M.
McCann, J. D.
Maltaner, Maude G.
March, W. B.
Marsh, M. L.
Mattox, S. W.
McElhinney, J. H.
Meadows, M. W.
Mercer, B. W.
Merrell, Chas. G.
Merrell, Thurston G.
Michener, Homer
Miller, H. H.
Mock, W. K.
Moench, L. L.
Moore, Frank J.
Morey, Mary B.
Morgan, H. H.
Moses, F. W.
Mundy, Wm. N.
Munk, J. A.
Musick, R. M.
Mutz, Agnes M. F.
National E. M. Society
Nellans, Byron H.
Nifer, F. J.
Ohio State Society
Palmer, C. A.
Palmer, H. G.
Pattee, A. L.
Penn. State Society
Pierce, Ray V.
Porter, G. C.
Postle, W. E.
Potter, G. E.
Powers, H. W.
Prunk, D. H.
Quinn, Janet D.
Ream, C. E.
Remark, Rudolph R.
Rowe, G. Allen
Saxton, D. E.
Schantz, M. G.
Schiller, S.
Scudder, J. K.
Scudder, P. R.
Shafor, H. A.
Shank, L. J.
Sharp, E. G.
Shaulis, E. F.
Sherman, S. M.
Shewman, E. B.
Shilt, J. L.
Shultz, J. J.
Smith, E. Florence S.
Smith, Chas. G.
Smith, J. DeF.
Spencer, J. R.
Sponseller, F. M.
Stemler, A. S.
Stephens, A. F.
Stevenson, E. H.
Stoneburner, J. W.
Strouse, Lee
Sturdevant, C. L.
Sutter, J. J.
Swepston, G. M.
Tarrant, Jennie S.
Taylor, A. P.
Taylor, R. B.
Thiel, J. N.
Thomas, R. L.
Tidball, C. W.
Tilden, J. H.
Tindall, C. A.
Vance, F. W.
Viets, V. D.
Wagoner, W. H.
Watkins, Lyman
Welker, M. E.
Welling, D. H.
Wenzel, John W.
Williams, F. O.
Wilmeth, C. S.
Wilson, V. P.
Wisconsin State Society
Wright, E. M.
Zeumer, E. P.

Dean's Report at the Commencement Exercises of the Eclectic Medical College, May 16, 1921.

The Eclectic system of medicine was begun in New York City in 1826 by Dr. Wooster Beach, which institution was later removed to Worthington, Ohio, a suburb of Columbus, in 1833, and later, in 1843, was removed to Cincinnati and chartered by a special act of the Legislature as the Eclectic

Medical Institute in 1845. The name was changed to the Eclectic Medical College in 1910.

During the past seventy-six years the College has matriculated 14,498 students (counting duplicate matriculations), and has graduated 4,264 physicians, of whom about 100 were women. At the present time over 1,600 of these graduates are living and in active practice in various parts of the United States and several foreign countries.

During the past session we have had 98 students enrolled, and this evening we confer the degree of Doctor of Medicine upon thirty young men. The following members of the graduating class have secured resident interneships in the following hospitals:

G. DeWitt Astler, of Elmwood Place, Cincinnati, Ohio, to Grace Hospital, Detroit, Mich.

A. Harry Crum, of Forest, Ohio, to the Springfield, Ohio, City Hospital.

Walter H. Culley, of Cameron, W. Va., to St. Mary's Hospital, Cincinnati, Ohio.

O. L. Friedman, of New York City, to the Cincinnati General Hospital, and to the Metropolitan Hospital of New York City.

Edward A. Grad, of Cincinnati, Ohio, to St. Mary's Hospital, Cincinnati, Ohio.

Frederick R. Ematrudo, of New Haven, Conn., to St. Vincent's Hospital, Bridgeport, Conn.

Samuel B. Greenwood, of Newark, N. J., to the Fairview Park Hospital, Cleveland, Ohio.

Clarence J. Ohlbaum, of Brooklyn, N. Y., to the Cumberland Street Hospital, Brooklyn, N. Y.

Wilbur S. Powell, of St. Louis, Mo., to St. Elizabeth Hospital, Covington, Ky.

Benjamin F. Pushin, of Cincinnati, Ohio, to St. Mary's Hospital, Cincinnati, Ohio.

Julian Robinson, of New York City, to the Coney Island Hospital, New York City.

Charles Ray Smith, of Fairmount, W. Va., to Bethesda Hospital, Cincinnati, Ohio.

French N. Smith, of Canton, Ohio, to Grace Hospital, Detroit, Mich.

The others will enter the practice of medicine immediately.

During the past twenty years the entrance requirements for admission to the study of medicine have steadily been increased from graduation from a first-grade high school to two or more years of pre-medical college work along special lines in a recognized college or university. During this college course a student studies physics, chemistry, biology, English and any other modern language

The medical course now consists of four years of eight months each of instruction, and, following graduation, a severe State Medical Board exami-

nation for subsequent registration. Those passing the Ohio State Medical Board are eligible to reciprocity in twenty-nine additional states.

Maternity Benefits.

With the probability that Congress may reject the Sheppard-Towner maternity bill which would require an annual expenditure of $4,000,000 by the federal government alone, in the work, it is expected that its proponents will center their efforts toward state legislation of a similar purpose.

In a statement published in *The Woman Patriot,* Miss Mary G. Kilbreth charges that the effect of the bill, if enacted into law, will be to send throughout the country an army of amateur advisors and political investigators to invade private homes.

"These amateurs," she asserts, "are to 'investigate' maternity as a political business under the pretense that political doctors are better than family doctors and political committees better than trained nurses. It is part of the feminist program to 'make motherhood a government institution.' "

Pain in the Back.

Persistent pain in the back or in an extremity may be caused by a metastatic malignant growth (carcinoma, most commonly) in a vertebra. One should not make a diagnosis of "neuritis," "sacroiliac strain," "arthritis of the spine," or "sciatica," without a thorough examination of the patient's body for a possible primary growth. It must be borne in mind, too, that a neoplastic deposit in a vertebra may be scarcely recognizable roentgenographically until it has been present for a long time.—*American Jour. Surg.*

Stomachic.

Stomachic is a much-abused word, but it may be safely applied to ginseng. For the dyspepsia of nervous prostration it is good. Its present price is a great drawback to its use in general practice. Ginseng will be found much superior to the peptic preparations now on the market in such large numbers. It is worthy of being brought to the careful consideration of the profession. A tincture may be made of the root and of this the dose is from 5 to 60 drops for an adult. Of the pulverized root 10 to 20 grains is a dose, though as high as 60 grains are given by some. It is soluble in both alcohol and water. For dispensing it is well to use an aromatic preparation.—John Inglis, M.D,., in *Columbus Medical Journal.*

Don't overlook normal fucus vesiculosus when trying to reduce obesity. It is said to possess merit in causing absorption of fat in such cases—*Therapeutic Digest.*

READING NOTICES.

A very well known and successful physician used to dwell upon the fact that after a diseased condition had been correctly diagnosed the treatment included the four following processes: Tranquilization, elimination, recuperation, restoration. It is all important that the patient obtain, as early as possible, some relief from the pain, that signal of distress, since upon being placed in a more comfortable frame of mind the action of the remedial agent is more immediate; then the poisons, which are the cause of the trouble, must be eliminated promptly and thoroughly, inducing a period of convalescence, invariably followed by a return to normal conditions There is no medicine which fulfills these requirements more thoroughly than Tongaline, for the particular disease in which it is specifically indicated. Although containing no opiate—nor any other narcotic—Tongaline exerts an immediate anodyne effect, causing the patient to feel more comfortable after the first few doses, and when Tongaline begins to act, and the system comes under its influence, there is a decided improvement, which should continue uninterruptedly until there is a complete recovery.

Exercise, if not carried to excess, aids development. If the immunizing mechanism is below par it should be developed. This can be accomplished by the injection of dead bacteria which cannot resist the phagocytes but which stimulate the immunizing mechanism, for their destruction exercises it, if you will. Sherman's Polyvalent Vaccines are dependable immunizing antigens. Prophylactic immunization has demonstrated this fact. Therapeutic immunization is doing so in acute and chronic infections. Your infectious cases should have the benefit derived from the use of polyvalent bacterial vaccines. Having devoted our entire time to this subject, we feel that we can speak authoritatively. We will be pleased if we can be of service to you. Literature on request. Bacterial Laboratories of G. H. Sherman, M.D., Detroit, U. S. A.

Cod Liver Oil in Syphilis.—Of course, as everyone knows the value of anti-luetic treatment lies in its power to charge the tissues with a property that renders them inhospitable to the causative agent of syphilis, the spirochete. Modern medicine does not teach that the use of arsenicals or mercury is to inundate the tissues with a germicide and bring about the death of the spirochetes through a spirocheticidal power *per se*. The spirocheticidal property is exercised through increasing the tissue's resistance against the spirochete, a property that markedly interferes with the spirochete's development and multiplication.

In view of this fact, reconstructive agents such as cod liver oil have a distinct field of usefulness in syphilis by reason of increasing the tissue's resistance to the spirochete. The employment of Cord. Ext. Ol. Morrhuae Comp. (Hagee) has been adopted by many practitioners as an aid to the

specific treatment of syphilis on the theory that its reconstructive properties add materially to the spirocheticidal power of the arsenicals and mercury, contributing in large degree to making the tissues all the more intolerant to the spirochete. Cord. Ext. Ol. Morrhuae Compound (Hagee) will be found of much value in syphilis.

A Scientific Accomplishment.—Remarkable advances have been made in the study of blood-clotting and hemorrhage during recent years. Not only have we learned much of a practical nature concerning the "mechanism" of blood coagulation, but we have also discovered means to control even inaccessible bleeding when, as is often the case, it fails to cease spontaneously, due to defective coagulability of the blood.

The blood is kept in a fluid state in the vessels by the presence therein of antithrombin. Should the proportion of antithrombin be unduly increased and a hemorrhage occur, the blood would fail to clot. The absence or insufficiency of prothrombin or kinase, which performs an important part in the process of coagulation, would have a similar effect. Hence in the treatment of uncontrollable hemorrhage the physician needs an agent that can be depended upon to meet both of these conditions. Such a substance is Hemostatic Serum, P. D. & Co., a comparatively recent addition to the list of highly scientific remedies that have been elaborated by experts in physiologic chemistry. Hemostatic Serum neutralizes antithrombin and supplies prothrombin and kinase. Its effect is truly remarkable in the treatment of capillary hemorrhage, hemorrhage of the new-born, pulmonary hemorrhage, persistent epistaxis, bleeding from gastric and intestinal ulcers, hemorrhage following surgical operations upon the tonsils, the bones or the viscera, and so on. It is administered hypodermically or intravenously in doses of 2 to 5 c.c., and the dose may be repeated at intervals of two to six hours. It is also used to prevent hemorrhage by administration prior to surgical procedure in hemophiliacs. To be prepared for any emergency the surgeon should include a package of Hemostatic Serum in his equipment, as the product keeps well and is always ready for immediate use.

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SEPTEMBER, 1920. VOL. 12, No. 1.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION QUARTERLY

Edited by WILLIAM NELSON MUNDY, M.D.,

Forest, Hardin County, Ohio

A journal of Eclectic medicine and surgery, comprising the proceedings, papers and discussions of the Association and published in the interest of the Eclectic system of medicine. Published by the Association, 640 West Sixth Street, Cincinnati, Ohio.

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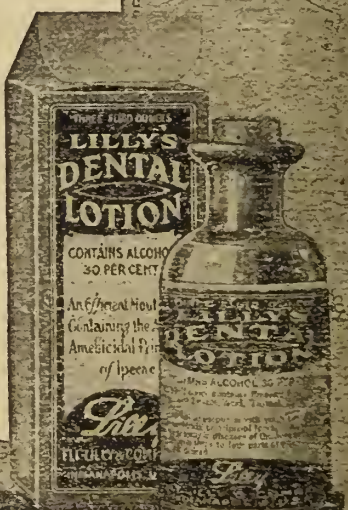

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DECEMBER, 1920. VOL. 12, No. 2.

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ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

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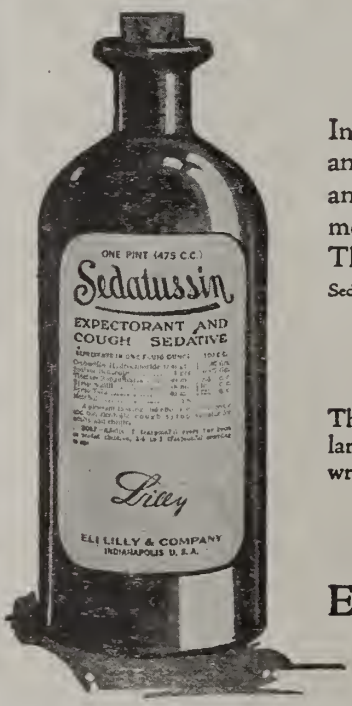

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MARCH, 1921. VOL. 12, No. 3.

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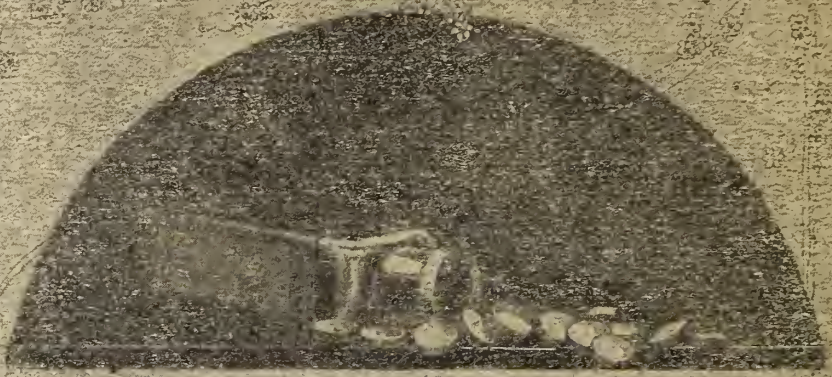

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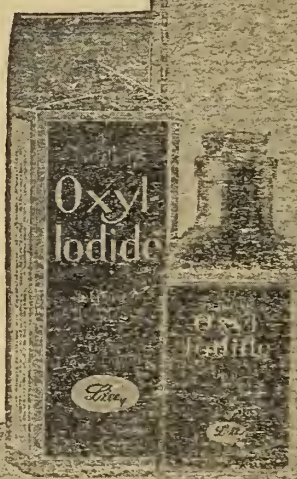

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JUNE, 1921. VOL. 12, No. 4.

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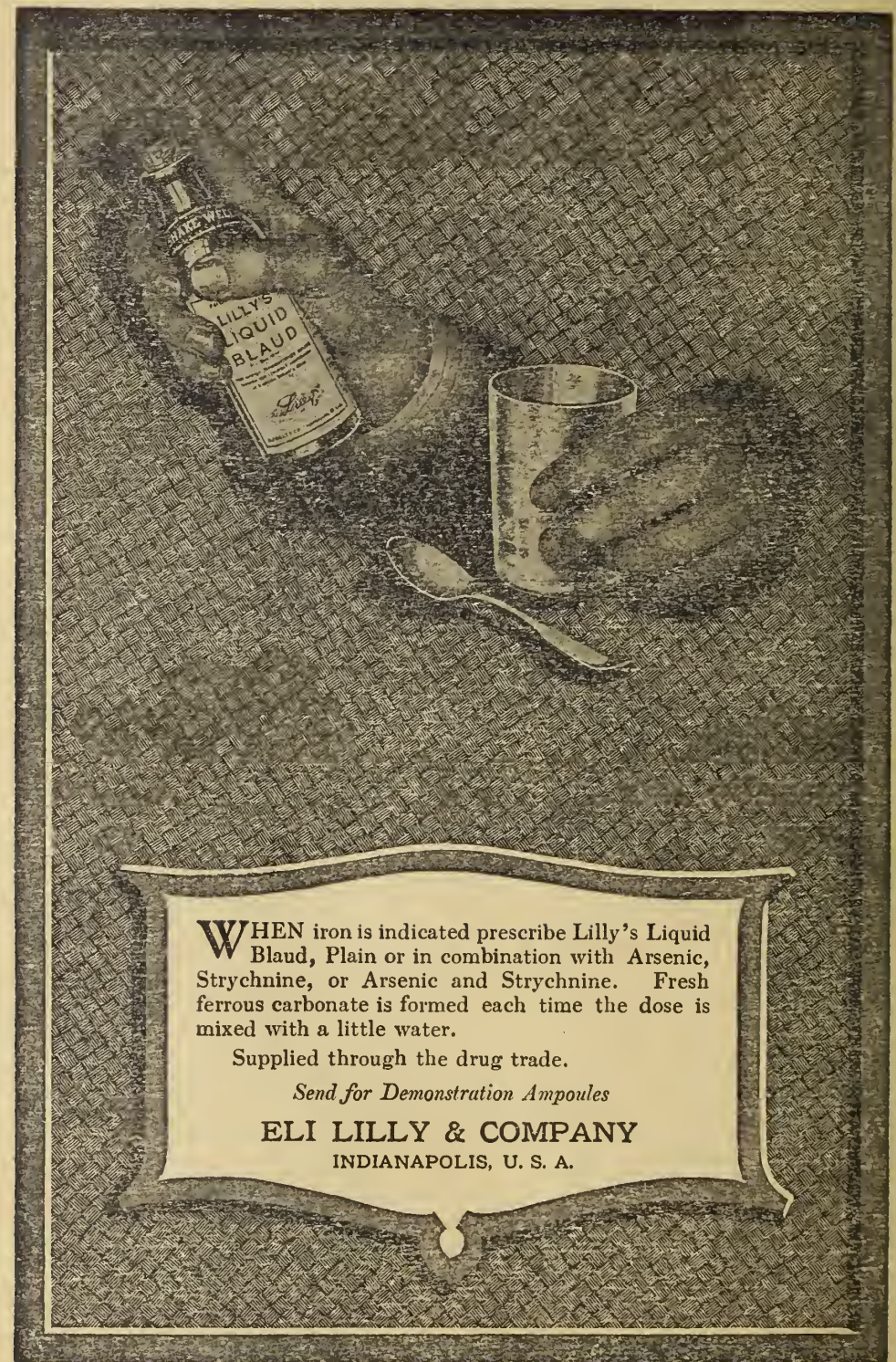

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